

L23000152485

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solution multy services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myriam Louis
Name of Person

Solution multy services LLC
Firm/Company

3111 45th Street Suite 16C
Address

West Palm Beach FL 33407
City/State and Zip Code

Louismyriam57@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myriam Louis at (646) 359-1169
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Solution multy services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03-27-23 and assigned Florida document number L23000152485

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Solution Multy services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3111 45th Street Suite 16C
West Palm Beach, FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Myriam Louis

New Registered Office Address:

3111 45th Street Suite 16C

Enter Florida street address

West Palm Beach, Florida FL 33407

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

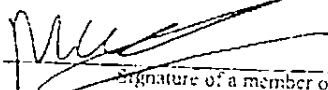
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 03-25-2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09-29 2023


Signature of a member or authorized representative of a member

Myrion Lewis
Typed or printed name of signer

Williams, Vonterica S.

From: Myriam Louis <louismyriam57@gmail.com>
Sent: Wednesday, October 4, 2023 11:36 PM
To: Williams, Vonterica S.
Subject: Re: L23000152485

EMAIL RECEIVED FROM EXTERNAL SOURCE

The name right now is Solution Multi services LLC. But I want to change the name to Solution Multy Services LLC...

On Wed, Oct 4, 2023 at 11:29 PM Myriam Louis <louismyriam57@gmail.com> wrote:

Good evening

The name right now is Solution Multi Services. But I want to change the name to Solution Multy Services. thank you

On Wed, Oct 4, 2023 at 2:47 PM Williams, Vonterica S. <Vonterica.Williams@dos.myflorida.com> wrote:

Good afternoon,

Thank you for sending this in. Are you changing anything regarding the name?

Vonterica Williams

Regualtory Specialist II

Amendments

From: Cushing, Diane <Diane.Cushing@DOS.MyFlorida.com>
Sent: Monday, October 2, 2023 8:34 AM
To: Williams, Vonterica S. <Vonterica.Williams@dos.myflorida.com>
Subject: FW: L23000152485

Vonterica

This is one of your rejects.