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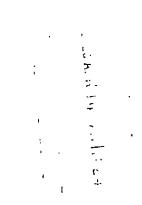
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COVER LETTER

	ation Section n of Corporations	
CHDIECT.	L SOLUTIONS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	icles of Amendment and fee(s) are submitted for filing.	
Please return	correspondence concerning this matter to the following:	
	ROBERTO V PINO MARTINEZ	
	Name of Person	
	Firm/Company	
	4745 OLIVE BRANCH RD 1106	
	Address	TANK THE WAR
	ORLANDO. FL 32811	
	City/State and Zip Code	2.1
	sherly.ramirez@sraspro.com E-mail address: (to be used for future annual report notification)	<u></u> :
For further in	nation concerning this matter, please call:	. · · · ·
ROBERTO '	NO MARTINEZ 321 2954442	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a	ck for the following amount:	
■ \$25.00 F	g Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing	Status & y
Reg Div P.C	Address: ration Section on of Corporations ox 6327 rassee, 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

ARL SOLUTIONS LLC		4. \
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our recorded Liability Company)	<u>as.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/28/2023	and assigned
Florida document number L23000155130		
Florida document humber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS)		, ,
		. ' .
		<u> </u>
		· -
Enter new mailing address, if applicable:		<i>-</i>
(Mailing address MAY BE A POST OFFICE BOX)		Ĭ.
manny dearest military to the trees now		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
	FI	orida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PINO MARTINEZ, SHERLY V	5949 BENT PINE DRIVE APT 1024ORLANDO, FI	
			= Remove
			□Change
MGR	PINO MARTINEZ, ROBERTO V	4745 OLIVE BRANCH RD1106 ORLANDO, FL 32	!81 ■Add
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tive date, if other than the ffective date is listed, the date is	must be specific an	d cannot be prior	to date of filing or	more than 90 day	(optional) /s after filing.) I	Pursuant to 605.0
If the date inserted in this ment's effective date on the	block does not	meet the applica	ible statutory fi	ing requiremen	ts. this date w	ill not be listed
nem venetive date on the	o bepartment of	otate s records.				
ord specifies a delayed effec	stive data, but no	nt an offective ti	ma at 12:01 a m	on the earlier	of (b) The	00th day after
îled.	onve date, out no	an Checuve III	no, at 12.01 2.11	i. on the carrier	or. (b) THE	zoni uay aneri
I <u>04/10</u>		2023				
			<u> </u>			
ROBERTO V	PINO MAR	member or autho				