L23000221029

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09/22/28--61014--028 **55.00

A. RIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FRE Solutions 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:
Andrea Bennett Name of Person
Firm/Company
1108 Superior Ct. Address
Winter Springs 1=2 32708 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Bennett at (321) 662-4595 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRE Solutions (Name of the Limit	LLC	my as it now annears on our records	
(Maine of the Limit)	(A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>L230002210</u>		were filed on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of SunState Fleet Work	614		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	842 Meade Rd. Geneva FL 3273:	
(Principal office address MUST BE A STREE	T ADDRESS)	Genera FL 3273:	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	842 Meade Rd. Geneva, FL 32732	2
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:		•
Name of New Registered Agent:	Andres	Benne ++ Enter Florida street address Species C +: Florida City	
New Registered Office Address:	1108 Sup	Enter Florida street address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Winter.	Springs Florida	32708
		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	Hubert Martin 111	10502 N. Crescent Lane	
		Clermont, FL 34711	Remove
			□Change
			□Add
			Remove
			□ Change
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			□ C'hanua

Page 2 of 3

E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as 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 September 19 2023 Signature of a member or authorized representative of a member		
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Dated Septeaber 19 2023	b) Th	e 90th day after the record is filed.
T-B-	Dated	September 19 . 2023.
		T-B-
Signature of a member or authorized representative of a member		

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: FRE	Solutions Name of Lim	L		
 	Name of Lim	ited Liability Company		
TT 1 1 4 4 1 6				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Andrea Be	Canett Name of Person		
	<u> </u>	Name of Person		
		Firm/Company		
	1108 8	<i>(</i> 1		
	1108 Superior	Address		
	Winter Spring	City/State and Zip Code		
	andrea dpo 1	@ 9/nail. com to be used for future annual report noti		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please co	all:		
0 1 0				
Andrea Ber	nett	at (<u>321</u>) <u> </u>	595	
Name o	r Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	\$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
•	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:		
Registration S		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303