L23000350028

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COVER LETTER

TO: Regi Divi	istration Se sion of Cor	ction porations	ie a	~
SUBJECT:	S&S SOLU	CIONES Y SERVICIOS, LLO		•
.,000EC1.		Name of Lim	ited Liability Company	···
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		AMAURY FABIAN		
			Firm/Company	
		ACCOUNTAX OFFICE S	SERVICES CORP	
			Firm/Company	· · · · · ·
		7590 NW 186TH ST STE	108	
			Address	
		HIALEAH, FL 33015		
		 	City/State and Zip Code	
		ACCOUNTAXFORMS@I	IOTMAIL.COM to be used for future annual report notifica	dion
For further in	formation co	oncerning this matter, please ca	·	шин
AMAURY F.			305 698-7829	
	Name of	Person	at () Area Code Daytime To	elephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	ing Address		Street Address: Registration Section	

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

FILED

S&S SOLUCIONES Y SERVICIOS LLC

2023 DEC -4 AM 8: 02

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 07/25/2023 and assigned Florida document number <u>L23000350028</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACV PROCUREMENT SOLUTIONS AND SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address __, Florida __

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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
		•	
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<u>ote:</u> If the	e date inserted in	nan the date of fil date must be specific this block does no n the Department (ot meet the appl	icable statutory f	(option more than 90 days after thing requirements, this	onal) r filing.) Pursuant to 6 s date will not be 1	05.0207 isted as
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is filed.			2023				
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Filing Fee: \$25.00