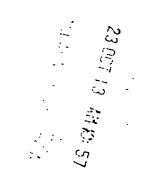


(Re	equestor's Name))	
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer.		
		J. HORNE OCT 2 3 2023	





10/13/23--01023--013 **25.00



COVER LETTER

	Registration Sec Division of Corp				
ALE4U SUPERIOR SOLUTION LIMITED LIABILITY COMPANY					
SHRINE	Name of Limited Liability Company				
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	etum ali correspo	ndence concerning this matter	to the following:		
			NICOLE A GLOVER		
			Name of Person		
	Firm/Company				
	4863 ROCHDALE RD				
			Address		
		JA	ACKSONVILLE, FL 32208		
			City/State and Zip Code		
			AMATT0008@GMAIL.COM		
		E-mail address: (to be used for future annual report no	otification)	
For furth	ner information co	oncerning this matter, please o	all:		
NICOLE A GLOVER		904 762-4868 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	d is a check for th	ne following amount:			
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration S	Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Co	orporations		
		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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

ALL4U SUPERIOR SOLUTION LIMITED LIABILITY COMPANY

ARTICLES OF A	AMENDMENT	
TO	=	ڪر ڪ
ARTICLES OF O	RGANIZATION	0.
O	F	
		میر
ALLAU SUPERIOR SOLUTION LIMITED LIABILE	TY COMPANY	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our receilability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 9/29/23	and assigned
Florida document number L23000452813		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ALL4U SUPERIOR SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter your principal offices address if applicables		
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 a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
	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 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>	Name	Address	Type of Action
AP	ROBERTS, SYNAYAH D	8150 POINT MEADOWS	🗆 Add
		JACKSONVILLE. FL 32256	■Remove
			_ □ Change
			□ Remove
			□Change
			□Add
		<u> </u>	□Remove
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			Remove
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			∏ Add
			□ Remove
			☐ Change
			∃Add
			∏Remove

□Change

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: _____ (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. OCTOBER 10 2023 Signature of a member or authorized representative of a member NICOLE A GLOVER

Typed or printed name of signee