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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor			
Solution Co	entral		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dwight G Llewellyn		
		Name of Person	
	entral Name of Limited Liability Company FAmendment and fee(s) are submitted for filing. ondence concerning this matter to the following: Dwight G Llewellyn Name of Person Solution Central Firm/Company 15971 SW 142nd Terr Address Miami, F133196 City/State and Zip Code Hizemoney17@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1786 Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed) SSE: Section Street Address: Registration Section		
		Firm/Company	
	15971 SW 142nd Terr		
		Address	
	Miami, Fl 33196		
			fication)
For further information e	concerning this matter, please co	ail:	
Dwight G Llewellyn		786 5060740	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$ 25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration !			ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	Callahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

Division of Co			•
Solution C			
SUBJECT:	Name of Lim	ited Liability Company	
		1 6 - 61	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dwight G Llewellyn		
		Name of Person	
	Solution Central		
		Firm/Company	
	15971 SW 142nd Terr		
		Address	
	Miami, Fl 33196		
		City/State and Zip Code	
	Hizemoney17@gmail.com		
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Dwight G Llewellyn		786 5060740 at ()	
Name o	of Person	Area Code Day	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address	
Registration		Registration	
Division of C			Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 20 AM 8: 29
TALLAHASSEE, FLORIDA

Solution Central 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 10/02/2023 and assigned Florida document number 4,23000443092 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 _ Circ

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>	<u>Address</u>	Type of Action
MGR	Dwight G Llewellyn	15971 SW 142nd Terr, Miami Fl 33196	⊒ Add
			=Remove
			Change
			🗀 Add
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				- PC (2)	AM 8: 29
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ffective date, if other than the date of filing:	ie applicable sta	of filing or more that atutory filing rec	(option nan 90 days after fil puirements, this d	ing.) Pursuan	t to 605.0207 be listed as
record specifies a delayed effective date, but not an eff I is filed.	fective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th d	ay after the
Dated 10/11/2023 10/	11/2023				
Signature of a membe	or or guiltonized r	omrogantative of a	member		

Filing Fee: \$25.00