## 123000490453

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	SOLUTIONS LLC		
SUBJECT:	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:	
	MIGUEL ANGEL TAMA	YO TORRES	
		Name of Person	
		Firm/Company	
9012 TREE VALLEY CIRCLE			
		Address	
	TAMPA, FL 33615		
		City/State and Zip Code	
	ANTHONYMIGUEL8314(	@GMAIL.COM to be used for future annual report notificatio	<u> </u>
			"',
For further information of	oncerning this matter, please c	all:	
MIGUEL ANGEL TAM	IAYO TORRES	813 521 2535 at ( )	
Name o	of Person	Area Code Daytime Tele	phone Number 2823
Enclosed is a check for t	he following amount:		- V
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy) (additional copy)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMAYO SOLUTIONS LLC		
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L23000490453	ty Company were filed on 10/26/2023	and assigned
This amendment is submitted to amend the following	g:	
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 "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	2023 SEC:
		O TO
B. If amending the registered agent and/or regist agent and/or the new registered office address her		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	— <del>[                                   </del>
New Registered Office Address:	Enter Florida street address	
	iznet 1 torna sireet adaress	
	, Flori	daZip Code
	Cuv	гар соне

## 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.

City

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		
AMBR	MIGUEL ANGEL TAMAYO TOR	9012 TREE VALLEY CIRCLE, TAMPA, FL 33615	<b>=</b> Add		
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an effo <u>ote:</u>	ve date, if other than the date of filing:  11/01/2023  (optional service date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date in the Department of State's records.	ng.) Pursuai	nt to 605. t be liste	0207 ed as
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th c	lay after	the
ated 1	NOVEMBER 1ST / 2023			
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Typed or printed name of signee