1/23/24, 12:46 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 120180000078

Phone

: (352)223-3911

Fax Number

: (863)318-8218

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEMB SOLUTIONS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

S. ROBERTS

## ARTICLES OF AMENDMENT TO \* ARTICLES OF ORGANIZATION OF

| REMB SOLUTIONS, LLC   |                             |   |                       |           |                     |           |
|---|-----------------------------|---|-----------------------|-----------|---------------------|-----------|
| (Name of the Limited Liabil) (A Florid  | ity Compan<br>la Limited Li | y as it now appears on ability Company) | onr records.)         |           |                     |           |
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L24000015299</u>  |                             |   |                       |           | and ass             | signed    |
| This amendment is submitted to amend the following:   | ·                           |   |                       |           |                     |           |
| A. If amending name, enter the new name of the lim  | ited liabil                 | ity company here:                       |                       |           |                     |           |
| The new name must be distinguishable and contain the words "Lim   | nited Liabilit              | y Company," the designa                 | tion "LLC" or t       | he abbrev | ia <b>tica "</b> L, | ī.c."     |
| Enter new principal offices address, if applicable:   |                             | 105 Midwey Dr.                          |                       | T C       | 2 <sup>1</sup> .    | والمتلحدة |
| ( <u>Principal office address MUST BE A STREET ADDR</u>   | RESS)                       | Altamonte Springs, F                    | L 32714               | L. ()     | 7                   | 45.55     |
|   |                             |   |                       | 37        | 23                  | (         |
| Enter new mailing address, if applicable:   |                             | 105 Midway Dr.                          |                       | -235S     | W 10:               |           |
| Mailing address MAY BE A POST OFFICE BOX)   |                             | Altamonte Springs, F                    | L 32714               | 75        | ယ္                  |           |
| 3. If amending the registered agent and/or registered gent and/or the new registered office address here: |                             |   | s, <u>enter the</u> r | name of   | the new             | regist    |
| Name of New Registered Agent: Edgar I   | D. Medrano                  | o Morales                               |                       |           |                     |           |
| New Registered Office Address: 105 Mi   | idway Dr                    |   |                       |           |                     |           |
|   |                             | Enter Florida stre                      | et address            |           |                     |           |
| Altamo  | onte Spring                 |   | , Florida             |           | <u></u>             |           |
| New Registered Agent's Signature if changing Destates   |                             | City                                    |                       | Zi        | p 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 |
|--------------|--------------------------|-----------------------------|----------------|
| AMBR         | Edgar D. Medrano Morales | 105 Midway Dr.              | □Add           |
|              |                          | Aitamonte Springs, FL 32714 | 7-             |
| AMBR         | Kevin A. Blanco Brizuela |                             | ■ Change       |
|              | ACVIDAL DIALLO DIIZGER   | Carriage Lamp Dr. 2565      |                |
|              | ·                        | Jacksonville, FL 32246      | □Remove        |
|              |                          |                             | ■ Change       |
|              |                          |                             | □Add           |
|              |                          |                             | □Remove        |
|              |                          |                             | Change         |
|              |                          |                             | DAdd           |
|              |                          |                             | □Remove        |
|              |                          |                             | □ Change       |
| <del></del>  |                          |                             | □Add           |
|              |                          |                             | □Remove        |
|              |                          |                             | □Change        |
| <del></del>  |                          |                             | □ Add          |
|              |                          |                             | □Remove        |
|              |                          |                             | Change         |

| iffective date, if other than the date of filing:  (optional)  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 folicie: If the data inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  Tecord 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 list filed.  January 23  2024  Signature of a member or authorized representative of a member  Edgar D. Medrano | N/A  | mation, enter change(s) here: (Attach additional sheets, if necessary.)   |
|---|--|---|
| 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 dated    January 23   2024  |  |   |
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| 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 list filed.    January 23   2024     Signature of a member or authorized representative of a member   |  |   |
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| Signature of a member or authorized representative of a member  | January 23   | 2024  |
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|   |  | Signature of a member or authorized representative of a member  |
|   |  |   |

Filing Fee: \$25.00