L24000029288

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

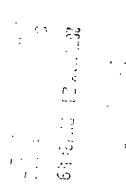




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6/11/24 KH



COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Solution 1	I LLC	
SUBJECT.	Name of Limi	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:	
	Idalbe	Name of Person	
		Name of Person	
		Firm/Company	
	207 Lav	sender (1.	
	ORlando	FL 32807 City/State and Zip Code	
	i Cal Derto E-mail address: (Carabeo a ama	ication)
For further information	concerning this matter, please ca	all:	
Daniel ACI	una Antunez	at (321) 821 - Area Code Daytime	-8575 : Telephone Number
Enclosed is a check for	the 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)
			63

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

Solution	I II LLC	
(Name of the Limited Lie (A F)	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L24000029</u>	y Company were filed on 114 288.	2024 and assigned
This amendment is submitted to amend the following	Ç.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicables. Principal office address MUST BE A STREET AL		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		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 liabilitys company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Acuna Antunez	207 Lavender Ct.	¥ Add
		Delando, FL 32807	⊡Remove
			□Change
			□Add
			□Remove
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			□Change
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Signature of a member or authorized representative of a member (optional) (o									-
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