## L24000038460



| (Requestor's Name)                       |  |  |  |
|--|--|--|--|
| (Address)                                |  |  |  |
| (Address)                                |  |  |  |
| (City/State/Zip/Phone #)                 |  |  |  |
| PICK-UP WAIT MAIL                        |  |  |  |
| (Business Entity Name)                   |  |  |  |
| (Document Number)                        |  |  |  |
| Certified Copies Certificates of Status  |  |  |  |
| Special Instructions to Filling Officer: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Office Use Only



500438490795

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |  |   |
|--|--|--|---|
| SUBJECT: TAN                           | DW SOUTI                                   | NS U. U. C   |   |
| The enclosed Articles of               | Amendment and fee(s) are sub               | emitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter              | to the following:  |   |
|  | Temenia                                    | Nealy Name of Person   |   |
|  |  | Firm/Company   |   |
|  | 4400 5W                                    | 113th Ave #4   | t202  |
|  | Miramar,                                   |  |   |
|  | tandesolus<br>E-mail address:              | F1A - 330 25<br>City/State and Zip Code<br>HONS O Jahw. Co<br>to be used for rutury annual report noti | fication)   |
| For further information c              | oncerning this matter, please c            |  |   |
| Eddie Ori                              | <u> 42</u>                                 | at (201) 53  | 2 - 4040<br>e Telephone Number  |
| ivaine 0                               | i i cison                                  | Area Code Dayting  | e refeptione (valuoet   |
| Enclosed is a check for the            | ne following amount:                       |  |   |
| □ \$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 is enclosed) |
|  |  | G  |   |

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

ANDW SOLUTIONS L.L.C

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L240000, 384</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 City

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 = M $AMBR = A$ | lanager<br>uthorized Member |                         |                |
|--------------------|-----------------------------|-------------------------|----------------|
| <u>Title</u>       | Name                        | Address                 | Type of Action |
| MGR                | William Eiland              | 18331 Pines Blvd. #/120 | ) □Add         |
|                    |                             | Hollywood, Fl. 33029    | [i]Remove      |
|                    | 4.1.                        |                         | □Change        |
| MAR                | edole Orfiz                 | 4400 SW 113+10 Ave #4   | 102 √Add       |
|                    |                             | Miramar, F1.33025       | □Remove        |
|                    |                             |                         | □Change        |
|                    |                             |                         | □Add           |
|                    |                             | <del></del>             | □Remove        |
|                    |                             |                         | □Change        |
|                    |                             |                         | □Add           |
|                    |                             |                         | □Remove        |
|                    |                             |                         | Change         |
|                    |                             |                         | □ Add          |
|                    |                             |                         | □Remove        |
|                    |                             |                         | □Change        |
|                    |                             |                         | □Add           |
|                    |                             |                         | □Remove        |
|                    |                             |                         | □Change        |

|   | y other information, enter change(s) here: (Attach additional sheets, if necessary.)  Su change addresses to     |
|---|--|
| 4400  | SW 113 AND Apt 4202<br>41 Ft. 33026  |
| Miram                                       | 41 M. 33026  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <del></del>                                 |  |
|   |  |
| If an effective date i<br>Note: If the date | if other than the date of filing:  |
| e record specifies<br>rd is filed.          | 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 <u>DC</u>                             | ober 11 2024.  |
|   | Signature of a member or authorized representative of a member   |
|   | Temeria Nealy Typed or printed name of signee  |

Filing Fee: \$25.00