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SECTION OF STA

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations			
SUBJECT: Fent	ix auto Solu	utions uc		
	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	1			
	Yusniel	Matos Rosal	<u> </u>	
		Name of Person		
	Fenix Out	o Solutions Firm/Company	uc	
	11050 Sta	He Rd Sa		
		Address		
	Hudson, F	Florida 34669 City/State and Zip Code	).	
	E-mail address: (1	to be used for future annual report notif		
For further information co	oncerning this matter, please ca	all:	2024 SEC 10	Tro 13 AHII:
Yusniel Hal	tos Rosales	at ( <u>813</u> ) <u>458 2</u> Area Code Daytimo	1267	Fro 13 AH
Name of	Person	Area Code Daytime	Telephone Number 5 C	الله الله
			(A)	王
Enclosed is a check for the	e following amount:		-n-H	 -:
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.	<u> </u>
/	Certificate of Status	Certified Copy	Certificate of Status &	•
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed	l)
Mailing Address		Street Address:		
Registration S		Registration Sec	ction	
Division of Co	orporations	Division of Cor	porations	
P.O. Box 6323	7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tern For Boro	• • -				
( <u>Name of the Limite</u>	d Liability Company as i A Florida Limited Liabilit	t now appears on ou v Company)	r <u>records.</u> )		
The Articles of Organization for this Limited Lic Florida document number <u>L24000 46</u> This amendment is submitted to amend the follo	ability Company were		24/2024	<u>પ</u> _ and assign	ned
A. If amending name, enter the new name of	the limited liability c	ompany here:			
The new name must be distinguishable and contain the wo	ble:	npany," the designati	ion "LLC" or the ab	obreviation "L.L.C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E					
B. If amending the registered agent and/or reagent and/or the new registered office address		ss on our records	s, <u>enter the nan</u>	ie of the new r	egistered
Name of New Registered Agent:	Edna Ju	dith Cor	itreras	Delga	<u> 연원</u>
New Registered Office Address:	2600 SW	10Th St Enter Florida stre	Apt 1E	3.00	
	Ocala		, Florida	3497	
	(,	lty .		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 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

Title Name Address Type of Action

ANOR Yusniel Matus Rosales 2865 NE 7Th St Madd

APT D Ocala, FL 34470 Remove

Change

Delg ado

1804 Ocala, FL 34471 Remove

MMBR	Edna Judith Contreras	2600	SW 10Th St	Apt ox	∖da
	Edna Judith Contreras Delgado	1804	Ocala, FL	3447101	Remove
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		- 온닦 표	ī
ffect	ive date, if other than the date of filing: 02/08/2024 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.		
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date	will notibe lis	ted as
	nent's effective date on the Department of State's records.		
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	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The	ie 90th day affe	
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