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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: _	evo Soluti	ions LLC	
		ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter t	to the following:	
	Armando	A Olmedo A	vila_
	Aevo	Solutions Firm/Company	LLC
	1900 Cen	tre Point Bluc	1,APT-64
	Tallahas	See Florida City/State and Zip Code	32308
	aevosolution	City/State and Zip Code Sagragia (OM) to be used for future annual report noti	fication)
For further information	concerning this matter, please ca		
Armand	O A Structo A	at (305) 709	7265
14anik	. of Ferson	Area Code Dayani	e reteptione Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	n Section Corporations	Street Address: Registration Sco Division of Cor	porations
P.O. Box 6.	321	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AELLO SOLUTIONS LLC

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number This amendment is submitted to amend the following: 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 "LLC." 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 , Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGZ	Armando A. Olinedo Avila	1900 Coutre Pointe BIVD, A Tallahassee, + L. 32308	ALP DAdd
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			□Change

	
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(If an el Note:	tive date, if other than the date of filing:
ne reco	rd 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 filed.
Dated	Feb 29 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00