## L24000088008

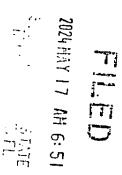
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co			
CIID IEC	T.	NCED SOLUTIONS LLC		
SUBJEC	.I:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JACKY A. NEGRET		
			Name of Person	
		A4 ADVANCED SOLUT	TONS LLC	
			Firm/Company	
		790 E BROWARD BLVD	O APT 1808	
		<del></del>	Address	
		FORT LAUDERDALE. F	L 33301	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For furthe	er information c	concerning this matter, please c	all:	
JACKY I	NEGRET		786 797-2151	
Name of Person		at () Area Code Daytii	me Telephone Number	
Enclosed	is a check for t	he following amount:		
<b>■ \$</b> 25.0	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)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2024 HAY 17 AH 6: 51 A4 ADVANCED SOLUTIONS LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/19/2024}{1}$ Florida document number L24000088008 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 "LJ.C," or the abbreviation "LJL.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 sircei address

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JACKY A. NEGRET	790 E BROWARD BLVD APT 1808	<b>≣</b> Add
		FORT LAUDERDALE, FL 33301	□Remove
			□Change
			🗖 Add
			□Remove
			□ Change
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			□Change
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(If an effective date is listed Note: If the date insert	er than the date of filind, the date must be specific and ted in this block does not take on the Department of S	d cannot be prior to c meet the applicable	late of filing or more than to statutory filing require	(optional) 0 days after filing.) Pursuant to ements, this date will not be	605.0207 (3)( listed as the
the record specifies a dela ecord is filed.	ayed effective date, but not	t an effective time.	at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
Dated APRIL 30		2024			
Dated			•		

Typed or printed name of signee