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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DE	EDCT Solvet	ion LLC	
Ū	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
	ondence concerning this matter to	·	
	Eliz	96eth Arro Name of Person	40
	DED	CJ Solution a	SECRETARY SEE TO PH 12: 17
	2116 J	Address	THE PHIL
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
	E-mail address: (to	tion IIC 9 mg	fication)
For further information of	concerning this matter, please cal	II:	
Name o	cheth Arroy Person	at (407) 480 Area Code Daytim	- 3748 c Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEa(J Solytion LLC
(Name of the Limite	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number 24000	ability Company were filed on 4/01/202 and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	
Name of New Registered Agent:	Elizabeth Arroyo
New Registered Office Address:	2114 Justice Lane Enter Florida street address
	Saint Cloud Florida 34769 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			GAdd STEE TEE
			SECRETAL AHASEE HILL
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an effective date is list of the lift of the date inso	her than the date of filing ed, the date must be specific and erted in this block does not n date on the Department of S	l cannot be prior to date neet the applicable s			
record specifies a de Lis filed.	clayed effective date, but not	an effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90	Oth day after the
ated8/	13 /2024	·	7		
	Lizatet Signature of a	member or authorized	representative of a memb	er	
		abeth Typed or printed nan			

Filing Fee: \$25.00