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## **COVER LETTER**

TO: Registration Division of C			
	IA SOLUTIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MARLENE RUGAMA R	ODRIGUEZ	
		Name of Person	
		Firm/Company	
	4331 NW 11 PL		·
		Address	<del></del>
	MIAMI, FL, 33127		
		City/State and Zip Code	
	marleneiglesias07@gma	il.com (to be used for future annual report no	
For further informatio	n concerning this matter, please of		Silication)
CAMILO MANCILLA	A.	786 813-8572 at ()	
Nam	e of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25,00 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)
<u>Mailing Add</u> Registratio		Street Address: Registration S	Section
Division of Corporations		Division of C	orporations
P.O. Box 6 Tallahasse	327 c, FL 32314	The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUGAMA SOLUTIONS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 04/02/24	and assigned
Florida document number L24000156741		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		FC)
		···
		.2.5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		٠ <u>.</u>
want to said the said		ω.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	uddress on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	XX
		orida
	City	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>	Name	Address	Type of Action
MGR	RUGAMA RODRIGUEZ MERLE	4331 NW 11 PL, MIAMI, FL, 33127	□Add
		<u> </u>	
			□Change
MGR	Rugama Rodriguez, Marlene	4331 NW 11 PL, MIAMI, FL, 33127	
			Remove
			□Change
			□Add
			□Remove
			Change
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Note:	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e recor rd is fi	d 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 led.
Dated	08/25/24
	Marlene Rugama
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00