L24000236497

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COVER LETTER

Division of Corpo	orations		
subject: <u>3BX 3</u>	Solutions Linname of Lim	ited Liability Company	
The enclosed Articles of Ai	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Oéhora do C	Name of Person	Santos
	<u>38</u> x 500	Firm/Company	
	12322 pink	logwood Lane	
	Socksonville,	Florida 39918 City/State and Zip Code)
	35x5dutions(to be used for future annual report no	stification)
For further information con-	cerning this matter, please ca	all:	
Debora Santo Name of P	erson	at (<u>904</u>) 39 Area Code Dayti	7 0975 me Telephone Number
Enclosed is a check for 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)
Mailing Address:		Street Address:	رن در الماسية در الماسية

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on	our records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000 23649</u> 7	were filed on <u>05</u>	121 12024 and assigned	
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 design	ation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	12322 Di	nk dogwood Lane	
(Principal office address MUST BE A STREET ADDRESS)	Sacksonu		_
		·	_
Enter new mailing address if analisable	19299 2	all almost land	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 244 M	nk dogwood Jane 11e , 32218	-
Maning duaress MAT DE AT OST OFFICE BOX)	TWO DOUGH	THE TOWARD	-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	ds, enter the name of the new registe	<u>red</u>
New Registered Office Address:			•
New Registered Office Address.	Enter Florida street address		
	, Florida		.
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chapi address, I hereby co.	luties, and I am familiar with and ter 605, F.S. Or, if this document is	Pl d d an
	- ~.		

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
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□ Remove
			Change
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			-3