## L24000286808

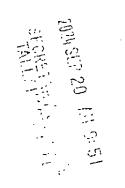
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
	78 SOLUT	TIONS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JHO	NNY J CHAWA RODRIGUEZ	
		Name of Person	
		#irm/Company	
	41	16 BERKSHIRE BAY CT	
		Address	
		ORLANDO, FL 32822	28
		City/State and Zip Code	
	•	onnychawa@ghotmail.com	
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no	ification)
	•		
JHONNY J CHAWA R	ODRIGUEZ	407 675-9447 at ()	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address: Registration S	ection
Registration Division of C		Division of Co	
P.O. Box 631	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

78 SOLUTION		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000286808</u> .	were filed on <u>06/25/2024</u>	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 designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 (S)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	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 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
AMBR	CARLOS E. SALDIVIA VARGAS	3554 GRANDE RESERVE WAY 208 ORLANDO	), FL ≣Add
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3554	GRANDE RESERVE WAY 20	08 ORLANDO, FL 32837		
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ctive d	ate, if other than the date o	08/15/2024	_ (optional)	
effective	date is listed, the date must be spec	cific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list	15.02 sted
iment's	effective date on the Departme	ent of State's records.	The second secon	
ord spe filed.	cifies a delayed effective date, b	but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day aft	er th
ed	SEPTEMBER 17	2024		
_	Signato	in of a member or authorized represen	tative of a member	

Filing Fee: \$25.00