124000296223

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2024-001-17-15--- 2:

COVER LETTER

Division of Cor			
SUBJECT:	AEVS Solution		
	Name of Link	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Aldrin Va</u>	Squez Santos Name of Person	
	AEVS S	Olution Services, LCC Firm/Company	<u></u>
	12257 SW 228	Address	
	Mami, FL. 33	170 City/State and Zip Code	
	djalsa E-mail address: (1	adagmail com	TAL SECTION
For further information c	oncerning this matter, please ea		300 (17 F) (18) (18) (18) (18) (18) (18) (18) (18
Aldrin Vasque	2 Santas f Person	at (78 6) 731 – 4 Area Code Daytime	1399 IN
Enclosed is a check for the	ne following amount:		
区\$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: Registration Section Division of Corporations		Street Address: Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

AEVS Solution Se	Prynces, LLC.	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	npany as it now appears on our recor led Liability Company)	<u>dş.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 07 01 20	24 and assigned
Florida document number <u>L24000296223</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
NOT Applicable		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Not applicable	<u>. </u>
Principal office address MUST BE A STREET ADDRESS)	
		,, r ₂
Enter new mailing address, if applicable:	Not applicable	ZECKET SECKET
(Mailing address MAY BE A POST OFFICE BOX)		
maning address MATT BEATTON OF TITLE DOLL		13/ 1
B. If amending the registered agent and/or registered offi	ce address on our records, ente	
agent and/or the new registered office address here:		in the second se
	,	
Name of New Registered Agent:	N/A	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	F	lorida
 -	City .	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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.

MA

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
AMBR	Yeimmy Vasquez	34535 SW 188th Place APT 34 Homestead, FL. 33034-4557	8 ZAdd
			Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
		SECRETALLA	Remove ☐ ☐ ☐ Change
			Add no Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□ Remove
			□ Change

Typed or printed name of signee