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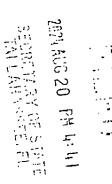
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Filing Officer
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: PEO	DPLE FIRST Name of Lim	SOLUTIONS LI	<u>'_ C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	endence concerning this matter	to the following:	
	JAGDIS	H CHUGANI Name of Person	
		Name of Person FIRST SOLUTION Firm/Company	IS LLC
	9974 OAK	GUARRY DR	
			2874 AUS 20 PH W W 1 SECTION (Cation)
	jchugani@c	FL - 32832 City/State and Zip Code The mail Com To be used for future annual report notified	ofication)
For further information c	oncerning this matter, please ca	·	型 元 元二
JAGNISH (CHUGANI	at (412) 606 d	
Englaced is a sheet for t		·	
Enclosed is a check for the S25.00 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 : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	SOLUTIONS LL	<u>C</u>
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our ted Liability Company)	records.)
he Articles of Organization for this Limited Liability Compa	my were filed on 08 0	1 2024 and assigned
lorida document number L24 000 340172	•	
to full document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
· ·		
nter new mailing address, if applicable:		2021
Mailing address MAY BE A POST OFFICE BOX)		25 전 ::
runing duaress MAT BEAT OUT OF THE BOAY		22
		
. If amending the registered agent and/or registered offic	ce address on our records. e	enter the name of the new register
gent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Addices.	Enter Florida street e	address
		Florida
	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
MGR	J <u>agdish</u>	CHUGANI	9974 OA	K QUARRY	DR. ORLANDO	FL32832
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						□Change
						□Add
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ective da	ite, if other than	the date of fili	ng:		(c	optional)	
effective	date is listed, the date date inserted in th	e must be specific a	nd cannot be prio	r to date of filing o	r more than 90 days.	after filing.) Pursuar	
	effective date on th						
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	الأنجيا ومحملوا والمستوال	reuve date, but n	ot an effective	ime, at 12.01 a.i	n. on the earner o	ii. (a) The 90th u	ay after the
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