L24000366534

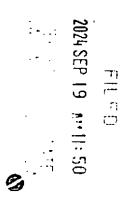
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Su	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
OTHER COM	LUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	JENNY GUAURA		
		Name of Person	···-
		Firm/Company	
	5470 PINE CIR		
		Address	
	CORAL SPRINGS FLORI	IDA 33067	
	JENNYGUAURA@GMAII	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ail:	
JENNY GUAURA		754 2650137	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of 7	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIBU SOLUTIONS LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited I	Liability Company	were filed on 08/21/2024	and assigned
orida document number 1.24000366534	<u> </u>		
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liab	oility company here:	
RIBU MG LLC			
e new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	· · · · · · · · · · · · · · · · · · ·
rincipal office address MUST BE A STRE	ET ADDRESS)	ADDRESS)	
			2024 SEP
			. · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A	19
			2 0
raning address with 192711 (W) William	***************************************		
			<u> </u>
If amending the registered agent and/or	registered office	address on our records,	<u> </u>
ent and/or the new registered office addre	_	•	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	·	Enter Florida street	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 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	MIGUEL MARCANO GUAURA	5470 PINE CIR CORAL SPRINS FL 33067	
			≡Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			ПRепюче
			□Change
			□ Add
			□ Remove
			□Change
			☐Add
			Петюче
			□Change
			□Add
			□Remove
			□Change

N/A					
			···		
		_			
	_				
	<u> </u>				

Effective date, if other than to an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and block does not m	cannot be prior to e neet the applicable	late of filing or more the c statutory filing req	(optional an 90 days after filing uirements, this date	g.) Pursuant to 605,0207 (3
record specifies a delayed effec	tive date, but not	an effective time	, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
d is filed.					
d is filed.	,	2024			
d is filed.	,	2024			
d is filed.		1.0	ed representative of a r	nember	