## L24000371385

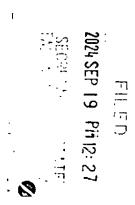
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(E	Business Entity Name)	
	Document Number)	
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## **COVER LETTER**

Registration Section TO: **Division of Corporations** PEOPLE SOLUTIONS OF SW FL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Natalie Splinter Name of Person **NEROS Corp** Firm/Company 12950 SW 127th Ave Apt 303 Address Miami FL 33186 City/State and Zip Code osorio@neroscorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Natalie Splinter Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

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

PEOPLE SOLUTIONS OF SW FL LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number 1.24000371385	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<b>2024</b>
	SEP T
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	<b>3</b> 0
Name of New Registered Agent:	12: 27
	63
New Registered Office Address:	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
MGR	BILDORIS DEL TORO	5376 20TH PL SW NAPLES, FL 34116	□Add
			■Remove
			□Change
MGR	BILDORIS FERNANDEZ	5376 20TH PL SW NAPLES, FL 34116	<b>=</b> Add
			□Remove
			□ Change
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fective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	specific and cannot be prior c does not meet the applic	able statutory filing red	(optional) han 90 days after filing.) Popularements, this date wi	irsuant to 605,0207 Il not be listed as
ecord specifies a delayed effective d is filed.	ate, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 9	0th day after the
SEPTEMBER 10	2024	Orizød representative of a		

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Filing Fee: \$25.00