L24000385518

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

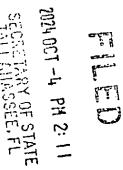




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COVER LETTER

TO: Registration Set Division of Con							
	ONS GROUP LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	ALBERTO JOSE DAVIL	A LUZARDO					
		Name of Person					
		Firm/Company					
	352 CITRINE LOOP						
		Address					
	KISSIMMEE, FL. 34758						
	7solutionsgroup2024@gma	City/State and Zip Code					
	E-mail address: ((to be used for future annual report notification)					
For further information of	concerning this matter, please c	all:					
ALBERTO JOSE DAV	ILA LUZARDO	850 851-7499 at ()					
Name (of Person	Area Code Daytime 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 & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Co (additional copy	f Status &				
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	2024 OCT -4 PM				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L24000385518	ompany were filed on 09/03/2024 and assigned and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
N/A	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

7 SOLUTIONS GROUP LLC

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 limited 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	JOSE M LOPEZ GONZALEZ	390 MIDWAY RV PARK. HAINES CITY. FL 33844	_ = Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ 🗆 Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
		<u> </u>	_ 🗆 Add
		SECRITARY DE TALLATASSE	- DAdd
		OF STATE	□Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if nece	waary.j	
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Effective date, if other than the date of filing:	onal) filing.) Pursuant to 6 date will not be l	605.0207 isted as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d is filed.) The 90th day a	fter the
	747 725 727 7207	
Oated,	ZUZ4 OCT -4 SECELITARA TALLAMA	er
A Shi		F
Signature of a member or authorized representative of a member		
ALBERTO JOSE DAVILA ŁUZARDO	STA E. FI	
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