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(Requestor's Name)
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(Business Entity Name)
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	ORPORATE SOLUTIONS LL	c	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Astrid Lop	Name of Person	
		Firm/Company	<del></del>
	1451 w. Cy	Address	2001
	fort. Landerd	Address  Address  Address  City/State and Zip Code	
	E-mail address: (0	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Astrid Lopez		954 8820405	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Ço	rporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ALOHA CORPORATE SOLUTIONS LLC

2025 JAN 15 AM 10: 05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L25000000438</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1451 W. Cypress Creek Road Enter new principal offices address, if applicable: Suite 300 (Principal office address MUST BE A STREET ADDRESS) Fort. Lauderdale, FL 33309 1451 W. Cypress Creek Road Enter new mailing address, if applicable: Suite 300 (Mailing address MAY BE A POST OFFICE BOX) Fort, Lauderdale, FL 33309 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_\_\_\_

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>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Change
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Note: If the c	, if other than the date of filing e is listed, the date must be specific and te inserted in this block does not m ective date on the Department of S	neet the applicable	te of filing or more than 90 da statutory filing requirement	ys after filing.) Pursuant to 6 its, this date will not be 1	605.0207 isted as
record speci d is filed.	es a delayed effective date, but not	an effective time,	at 12:01 a.m. on the earlier	r of: (b) The 90th day a	fter the
Januar Dated	9 ,	2025			
	Signature of a r	nember or aumorized	i representative of a member		
	Signature of a r	nember or authorized	representative of a member		

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