25000/8636

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0)/0.000.2.jp
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100440535921

01/29/25--01014--012 ***25.00



. t ;

刀 III CEIVED

COVER LETTER

	stration Section ion of Corporatio	ns		
SUBJECT: _	AN	5 Solut: Name of Lin	inted Liability Company	-
The enclosed a	Articles of Amendi	ment and fee(s) are sul	bmitted for filing.	
Please return a	ill correspondence	concerning this matter	r to the following:	
		Stefan	Sanges Name of Person	
			Firm/Company	
	7	575 old s	Taint Augustine P	vad
		Tullanass	City/State and Zip Code	
For further inf		E-mail seriess:	NS 50102-305 USA COY (to be used for future annual report notifical):	1075 JA
	Name of Person		at () Area Code Daytime	Telephone Number
				PN 1: 2%
	theck for the follow	ving amount:		ATE ATE
\$25.00 Fil	ling Fee 🗀 S3	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address: stration Section		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANS Solutions USA LI (Name of the Limited Liability Compa- (A Florida Limited	any as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on va v9 , 2025 and assigned
Florida document number (La 5 00	00 /8436
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," 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)	
	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:	2025 S. F.
New Registered Office Address.	Enter Florida street address
	City Florida : Signature : Sig
New Registered Agent's Signature, if changing Registered Agent:	SER PHOTOLOGICAL SERVICE SERVI
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agreed comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
omittee, and to continue the many of the solution	

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>	Name	Address	Type of Action
<u>4P</u>	Na on: Granger	7575 old Saint Augustine Rd.	🗆 Add
	•	7575 old Saint Augustine Rd. Tallahassee Fl, 32311	Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		S TAILL	□Remove
		**	_N
		L	PRemove Carlotte Change
			□Add
			□Remove
			Change

					
					
			,,,		
					
					
					
					2
ffective date, if o	ther than the date of filir	ng:		(optional) /	
an effective date is li	ted, the date must be specific ar	nd cannot be prior to date	of filing or more than 90	days after filing.) Pursuan	110 605.020 50 lietavi as
ocument's effectiv	serted in this block does not a date on the Department of	State's records.	attaory ming requires		
				€ T €. ¥ CL	P !!
record specifies a	lelayed effective date, but no	ot an effective time, at	12:01 a.m. on the ear	ाना lier of: (b) The 90th di	nfter the
d is filed.	•			근로	: 22
^	• 1	_		mi	10
atedand	vary 29th	2025			
()***	1				
V		1 en			
	1901				
	Fignature di	member or authorized	epresentative of a memb	er	

Filing Fee: \$25.00