

L12000086918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

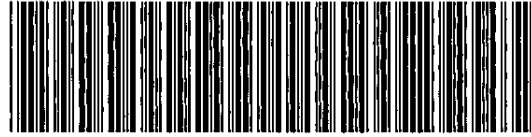
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12 OCT -2 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SOLUTIONS THAT WORKS, 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:

RAY THOMPSON

Name of Person

SOLUTIONS THAT WORK, LLC

Firm/Company

7817 ALHAMBRA BLVD

Address

MIRAMAR, FL 33023

City/State and Zip Code

INFO@MIDNIGHT-POWER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY THOMPSON

Name of Person

at (**954**)

394-0090

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SOLUTIONS THAT WORKS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:
SOLUTIONS THAT WORK, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

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

_____, Florida

City

Zip Code

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 27, 2012

Ray Thompson

Signature of a member or authorized representative of a member

RAY THOMPSON

Type of member

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DIVISION OF CORPORATIONS**[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)[Previous on List](#)[Next on List](#)[Return To List](#)

No Events

No Name History

Detail by Entity Name**Florida Limited Liability Company**

SOLUTIONS THAT WORKS, LLC

Filing Information

Document Number L12000086918

FEI/EIN Number NONE

Date Filed 07/03/2012

State FL

Status ACTIVE

Effective Date 07/02/2012

Principal Address7817 ALHAMBRA BLVD
MIRAMAR FL 33023**Mailing Address**7817 ALHAMBRA BLVD
MIRAMAR FL 33023**Registered Agent Name & Address**THOMPSON, RAY
7817 ALHAMBRA BLVD
MIRAMAR FL 33023 US**Manager/Member Detail****Name & Address**

Title MGR

KOHLMAN, GREGORY K
204 NW 97TH AV
PLANTATION FL 33324

Title MGR

THOMPSON, RAY A
7817 ALHAMBRA BLVD
MIRAMAR FL 33023**Annual Reports**

No Annual Reports Filed

Document Images