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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: ONLY SOLUTIONS LLC

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:

Michael Crocchiola
Name of Person
JET SET LIFE LLC
Firm/Company
555 NE 15 ST Suite 34F
Address
Miami, FL 33132
City/State and Zip Code
m.crocchiola@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Crocchiola

<sub>31</sub>,305,942-7757

Name of Person

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

## **ONLY SOLUTIONS LLC**

company has been notified in writing of this change.

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

	(A FIORIDA LIBITED LIBI	omity Company)			
The Articles of Organization for this Limited L Florida document number <u>L13000084336</u>	iability Company w	ere filed on <u>06/11/20</u>	13	and assig	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabilit	y company here:			
JET SET LIFE LLC					
The new name must be distinguishable and end with the	words "Limited Liabilit	y Company," the designation	n "LLC" or the abbrev	riation "L.L	C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered offic		cords, enter the	name of	the new
New Registered Office Address:	555 NE 15 S	Γ Suite 34F	•	ري.	* * ***
		Enter Florida street o	ddress	7.7	
	Miami		, Florida 33132		<u>:</u>
New Registered Agent's Signature, if changing l	Registered Agent:	City		ip Code ⊕1	41.5
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the	er and complete pe istered agent as pro	rformance of my dutie wided for in Chapter (	es, and I am famil 505, F.S. Or, if th	iar with i is docum	and ent is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>litle</u>	Name	Address	Type of Action
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	Signature of a member or	r authorized representative	of a member
Michael C			
		printed name of signee	

Page 3 of 3

Filing Fee: \$25.00