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2016 JAN 15 P 2:05

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G&J Alliance 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:

WILGENS PIERRE
Name of Person
G&J Alliance Solutions LLC.
Firm/Company
2101 Vista parkway Suite 260
Address
Royal Palm Beach FL33411
City/State and Zip Code
gens2873@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILGENS PIERRE at 772 267-2873
Name of Person Area Code Daytime Telephone Number

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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**

G&J Alliance Solutions 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 10/10/2016 and assigned Florida document number L14000175932.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MACK Plus Solutions LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2753 Vista Parkway J-12 2nd Floor

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach FL 33411

Enter new mailing address, if applicable:

2753 Vista Parkway J-12 2nd Floor

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach FL 33411

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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:

2753 Vista Parkway J-12 2nd Floor

Enter Florida street address

West Palm Beach

City

, Florida 33411

Zip Code

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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILGENS PIERRE	2753 Vista Parkway J-12 2nd Floor	<input checked="" type="checkbox"/> Add
		West Palm Beach FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	JOLICOEUR GUILIN	2101 Vista Parkway St 260 309 311	<input type="checkbox"/> Add
		Royal Palm Beach FL 33411	<input checked="" type="checkbox"/> Remove
		Gjoli1970@gmail.com	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

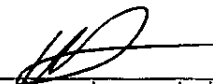
Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 10, 2016



Signature of a member or authorized representative of a member

WILGENS PIERRE

Typed or printed name of signee