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COVER LETTER

eup mor.	SRA OFFIC	CE SOLUTIONS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Roselyn Capuano	
	4	Name of Person	
	SI	RA Office Solutions, LLC	
		Firm/Company	
	250	Cherry Ridge Dr. Unit 717	
		Address	
	J	acksonville, FL 32222	
		City/State and Zip Code	
		selyn.capuano@gmail.com to be used for future annual report noti	fication)
For further information	concerning this matter, please concerning	•	,
Roselyn	Capuano	904 637-4368	
Name	of Person	Area Code Daytim	e 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:

TO:

Registration Section
Division of Corporations

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

	OLUTIONS, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on o nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on January	30, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the ah	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
	<u> </u>		de falades e e e e e e e e e e e e e e e e e e e
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			1=0
registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
New Registered Agent's Signature, if changing Registered Ag	City		Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capa plete performance of my o t as provided for in Chap ffice address, I hereby co	tuties, and I am j ter 605, F.S. Or, infirm that the lin	familiar with and if this document is nited liability
Īf	Changing Registered Agent,	Signature of New Re	
Pa	age 1 of 3	FLOR	Ö O

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
AMBR	Scott I. Capuano	250 Cherry Ridge Dr. Unit 717	
		Jacksonville, FL 32222	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove Change
			FEB Add Remove

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ffective d	late, if other than the da	ate of filing:	_ (optional)
an effective	e date is listed, the date must b	ate of filing: be specific and cannot be prior to date of filing or more than 90 or does not meet the applicable statutory filing requirements.	days after filing.) Pursuant to 605.0
an effective Note: If the	e date is listed, the date must be date inserted in this block	eate of filing: Description and cannot be prior to date of filing or more than 90 or the does not meet the applicable statutory filing requirement of State's records.	days after filing.) Pursuant to 605.0
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