

LM000004902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

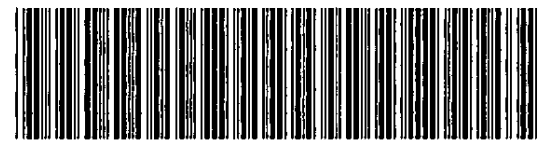
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
17 MAY -5 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
MAY - 9 2017

Florida Department of State  
Division of Corporations

P.O. Box 6327  
Tallahassee, FL 32314

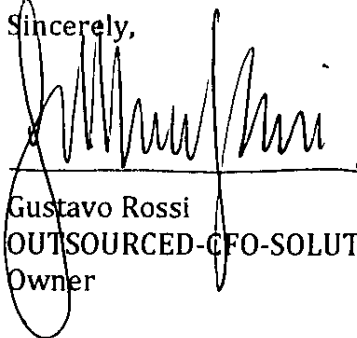
April 30<sup>th</sup>, 2017

Dear Sirs,

As requested, please find attached the amendment documents for changing the titles of the owner and employee of OUTSOURCED-CFO-SOLUTIONS LLC.

Please also find attached the \$25 check for the processing fees.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gustavo Rossi', written over a horizontal line. The signature is stylized and somewhat cursive.

Gustavo Rossi  
OUTSOURCED-CFO-SOLUTIONS LLC  
Owner

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OUTSOURCED-CFO-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:

GUSTAVO DANIEL ROSSI  
Name of Person

OUTSOURCED-CFO-SOLUTIONS LLC  
Firm/Company

1627 ALACWA WAY  
Address

W. MELBOURNE, FL 32904  
City/State and Zip Code

gustavo.rossi6@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO ROSSI at (407) 924-9335  
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**

OUTSOURCED - CFO - 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 JANUARY 5, 2017 and assigned Florida document number L17000004902.

This amendment is submitted to amend the following:

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

N/A

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA  
17 MAY -5 AM 7:09  
FILED

**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:**

N/A

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

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>
AMBR	GUSTAVO D. ROSSI (ONLY LLC OWNER)		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1627 ALAQUA WAY - W. MELBOURNE FL, 32904	<input checked="" type="checkbox"/> Change
MGR	DIANA SUAREZ (ONLY AN EMPLOYEE) NOT AN OWNER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1627 ALAQUA WAY - W. MELBOURNE FL, 32904	<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

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

I AM AMENDING THE TITLES PUT BY MISTAKE INCORRECTLY WHEN FILED, BUT PROCESSED INCORRECTLY AS WELL AS THE RIGHT HOLES WERE MENTIONED UNDER NAME AND ADDRESS FOR EACH INDIVIDUAL - COSTAVO ROSSI IS THE ONLY LLC OWNER, AND HAS TO BE THE ONLY "AMBR" OR "AUTHORIZED MEMBER."

MY APOLOGIES I COULD NOT SEND THIS AMENDMENT BEFORE DUE TO EXTENSIVE INTERNATIONAL BUSINESS TRAVEL OUT OF THE COUNTRY.

FILED  
17 MAY - 5 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N/A

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 APR 30th 2017

Signature of a member or authorized representative of a member

COSTAVO ROSSI - OWNER

Typed or printed name of signer