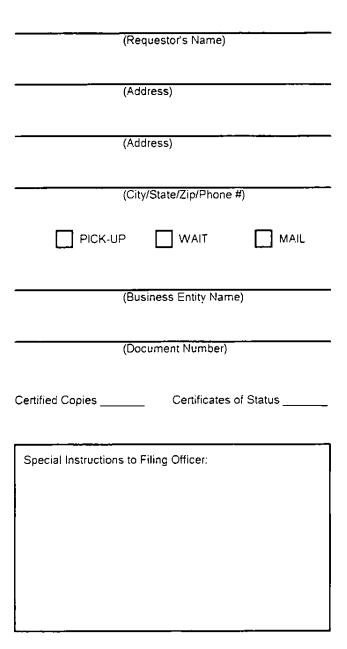
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TO: 🚅 Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

ABSOLUTE SOLUTIONS SERVICES 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: **ENA MARTINEZ** Name of Person ABSOLUTE SOLUTIONS SERVICES LLC Firm/Company 18872 NW 63 CT CIR Address HIALEAH, FL 33015 City/State and Zip Code emartinez0904@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ENA MARTINEZ** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & **\$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABSOLUTE SOLUTIONS SERVICES	LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Compa orida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liabili	ity Company	were filed on 09-12-2017	and assigned
lorida document number L17000190933			
his amendment is submitted to amend the following	g:		
If amending name, enter the new name of the	limited liab	ility company here:	
ABSOLUTE THERAPY SERVICE LLC			
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·	_		
inter new principal offices address, if applicable		18872 NW 63 CT CIR	20
<u>Principal office address MUST BE A STREET Al</u>	DDRESS)		<u> </u>
		HIALEAH, FL 33015	
			 ශ
nter new mailing address, if applicable:			<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		18872 NW 63 CT CIR	
numng uddress MAT BE A FOST OFFICE BOX	7	HIALEAH, FL 33015	
			
. If amending the registered agent and/or regist gent and/or the new registered office address he Name of New Registered Agent:			er the name of the new regist
	0000 > 111/ (2)		
New Registered Office Address:	8872 NW 63 (Enter Florida street add	
<u>н</u>	IALEAH,	,}	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>	Address	Type of Action
			
			□Remove
			□Change
			□Add
			ПРатама
			□Change
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an effecti	date, if other than the date is listed, the date	must be specific and	cannot be prior to	date of filing or n	ore than 90 days aft	ional) er filing.) Pursuant to	605.020
	he date inserted in this 's effective date on the			ole statutory filin	g requirements, th	is date will not be	listed a
ocument	s effective date on the	e Department of Su	ate s records.				
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record s d is filed	ecifies a delayed effe	ctive date, but not a	in effective tim	ie, at 12:01 a.m.	on the earlier of: (b) The 90th day	aner in
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	<u>* ~ ~ // // // // // // // // // // // //</u>	Signature of a m	ember or author	ized representative	of a member		_
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