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S. YOUNG

COVER LETTER

Division of Cor	rporations		
	iness Solutions, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kimberly S Lazio		
		Name of Person	
	Lazio Business Solution	s, LLC	
		Firm/Company	
	850 Waikiki Drive		
		Address	
	Merritt Island, FL 32953	3	
	lamiah saisasasal disas 🌣	City/State and Zip Code	
	laziobusinesssolutions@ E-mail address: (gmail.com to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Kimberly S Lazio		914 213-8789	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sect	
Division of C	orporations	Division of Corpo	orations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED TILED

Lazio Business 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	and assigned
Florida document number L20000012040		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	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:		
(Muiling address MAY BE A POST OFFICE BOX)		
		7180411111111111111111111111111111111111
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flor	ida
New Registered Agent's Signature, if changing Registered Agent:	•	z.ip Coae
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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
MGR	Kimberly S Lazio	850 Waikiki Drive, Merritt Island, FL 32953	≣ Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
		Remove	
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Chanae

				
				
				
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				.
				
Effective date, if other than the date if an effective date is listed, the date must be sometimes. If the date inserted in this block of document's effective date on the Depart	does not meet the applica	able statutory filing i	(optional) e than 90 days after filing requirements, this date)) Pursuant to 605.0207 : will not be listed as
e record specifies a delayed effective dat rd is filed.	e, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) Th	he 90th day after the
January 23	2020	<u></u> .		
Dated	 '			
Dated Minterly D. J. Sign	ature of a member or author	orized representative of	f a member	

Filing Fee: \$25.00