## L20000114098

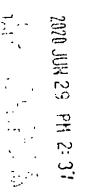
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US 8/8/21

	C LEGAL BILLING CONSUL	TANTS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kurt D. Zimmerman		
		Name of Person	<del></del>
	Zimmerman & Associates	, P.A.	2070 3381 23
		Firm/Company	The second secon
	2400 E Commercial Blvd.	Suite 820	8
		Address	
	Fort Lauderdale, FL 3330	3	ن پي
	•	City/State and Zip Code	···
	kurt@zimmermanlaw.com		
	E-mail address: (	to be used for future annual report notifica	tion)
For further information of	concerning this matter, please c	all:	
Kurt D. Zimmerman		954 202-7440 at ()	
Name o	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 631 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S	rations ahassee

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

## TO ARTICLES OF ORGANIZATION OF

## FORENSIC LEGAL BILLING CONSULTANTS 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 $\frac{04/27/2}{2}$	2020	and :
Florida document number L20000114098			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Solomon House LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abb	reviation
Enter new principal offices address, if applicable:		ı	1.50
(Principal office address MUST BE A STREET ADDRESS)			26 4
			.:- <u>.</u>
	-		1.0
Enter new mailing address, if applicable:		·	Ţ.
(Mailing address MAY BE A POST OFFICE BOX)			۲.
AMARING MANY DESTROY OF THE DOOR	-	*.	ارد ارد
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our recor	rds. <u>enter the name</u>	of the 1
New Registered Office Address:	Part of Plant I.		···-
	Enter Florida stree		
	City	Florida	Tim Con
N' D d. A d. A d. Ci a if also in D d. A d.	,		гір Сос
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liak

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Туре
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			<b></b>
			□,
			□ŀ

D. If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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<del> </del>	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in	an the date of filing:
If the record specifies a delayed e record is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
Dated	2020
,	Signature of a member or authorized representative of a member
<del></del>	Signature of a member or authorized representative of a member
	nan, attorney for member Jeffrey E. Glass
	Typed or printed name of signee