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(Requ	estor's Name)			
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FILED 2012 SEP -4 AM 7: 42 SEVERAL PROPERTY.

J. BRYAN

SEP - 5 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	Wright Solution LLC Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	ondence concerning this matter to the following:	
	ANOREA WRIGHT MORKIS	
	A WRIGHT SOLUTION LLC Firm/Company	
	6012 MATANZAS DRIVE	語
	SEBLING FL 33872 City/State and Zip Code Andrea - Wright @ live. com	題上二
	City/State and Zip Code Andrea - Wright @ live. Com E-mail address: (to be used for future annual report notification)	SP-4 MT:12
For further information of	concerning this matter, please call:	5
Andrea	Morris at (561) Lele 5-1389 Area Code & Daytime Telephone Number	_
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	Certificate of Status S55.00 Filing Fee & Certificate of Status	of Status &

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A WRIG	HT 50	IUTION	LLC		7	
(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 Liab Florida document number	oility Company v	• •		and assig	T. K	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	ne limited liabil	ity company here				
Drawashpragada						
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Compar	ny," the designation	"LLC" or the abl	previation	
Enter new principal offices address, if applicab	le:	6012 M	IATAN 3A'	5 DR 176	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	<u>SEBRIM</u>	OG FL 3	3872		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>		IATANZA 6 FL 33		6	
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:						
Name of New Registered Agent:			AT MOR			
New Registered Office Address:	6012 MATANZAS ORIVE Enter Florida street address					
	SEBRING, Florida 33872				٦	
		City	, riorida _	Zip Code		
New Registered Agent's Signature, if changing Re	gistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	· Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			ddd Remove
			Add Remove
			CAdd
	_		ddd kemove
			C_dd C_emove
	·		ddd
D. If a	mending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	v.)
	I have begally change Andrea Wright Fall	sed my name from Her to Andrea Wright	Marris.
Dated _	8-31 , 20	12.	2012 SEP -4 TAILLHASS
	ANDREA WRIGH	er or authorized representative of a member	Sale Control
	Type	d or printed name of signee	M 7: 42
		Page 2 of 2	32

Filing Fee: \$25.00