121000235658

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8/25/21

COVER LETTER

FO: Registration So Division of Cor			•
SUBJECT:	Stundole Fly Name of Limi	MacCal Solution and Liability Company	ons lic
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Monia	We Dulto	
	SUSTAIN	THE FINANCIAL Firm/Company	1 Sations ill
	2272 Li	rport Roll S.ST	E 202_
	Napres	Eity/State and Zip Code	in Orna
	E-mail address: (1	O be used for future annual report noti	fication) COIV
For further information o	oncerning this matter, please ca	all:	
Monique Name o	of Person	at (<u>A13</u>) <u>204</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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)

TO:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_ SUStainable Financial Solutions the
(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 _05 20 20 21 and assigned
Florida document number 121002351658
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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)
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:
agent and/or the new registered office address here.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or jemoved n	on our records.		
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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f an eff Note:	ive date, if other than the date of filing:
record is fi	d 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 led.
Dated	August 11th 2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00