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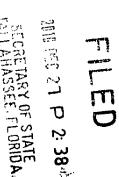
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S Warren DEC 2 9 2016

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:		XLV & 10 P M & N T	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dann	CUSUY Name of Person	
	Choice		Solutions
	10753 (1	N 104 Strev	e+
	<u>Miami</u>	F1 33176	
	Danny E-mail address: (to be used for future annual report notif	Hnysolutions.com
For further information c	oncerning this matter, please c		. •
Danny Name o	CESUY 1 Person	at (30 S) Q T L	+ - 1598 Telephone Number
Enclosed is a check for the	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 conv is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266) Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIOSS Y DU	Velop n	1ent as it now appears on ability Company)	our records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liab Florida document number 103 00 00 239				and ass	igned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ıe limited liabili</u>	ty company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability	/ Company," the design	ation "LLC" or the	abbreviation L.	L.C."
Enter new principal offices address, if applicab	le:			产资 点	11
(Principal office address MUST BE A STREET ADDRESS)				SAN IN	
Enter new mailing address, if applicable:				2: 3 STATI ORII	
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>			PH W	
		 			
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	r records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:	Choice	Accounti	ng Son	Hions	LLC
New Registered Office Address:	10753	ACCOUNTI SW 104 Enter Florida si	- STILL weer address	ł	
	Mio	mi	, Florida	3317	6
N		City		Zip Code	
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper					

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

MGR = N AMBR = A	1anager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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	other than the date listed, the date must be s	specific and cannot be	prior to date of filing	or more than 90 days		
an effective date is ote: If the date i	inserted in this block of the Depart	tment of State's rec	pplicable statutory ords.	filing requirements	s, this date wi	ll not be listed a
an effective date is lote: If the date is ocument's effection record speci	inserted in this block of	tment of State's rec fective date, bu	eords.		01 a.m. on	the earlier
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I an effective date is Note: If the date is locument's effection errors are record specion The 90th day	inserted in this block of the Depart of the	tment of State's rec fective date, builts filed.	ords. It not an effectiv	ve time, at 12:	O1 a.m. SECRETARY OF S	the earlier

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Filing Fee: \$25.00