L03000036248

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(City/State/Zip/Phone #)			
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PICK-UP	☐ WAIT	MAIL	
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(Bu	isiness Entity Nar	ne)	
(Do	cument Number)		
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09/17/10--01012--023 **25.00



C. LEWIS SEP 2 0 2010 EXAMBLER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations	; · · · · ·	SEP 0.1 2010
SUBJECT:	& W MOUNT Name of Limit	FION LLC ted Liability Company	
`			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		AROLINE LARSON Name of Person	
	LARSON A	Firm/Company	NG Services, LLC
	J 0188	DOMNODITY CIR Ste 17	
	ORLI	4NDO, FC 32819	
		City/State and Zip Code	
	E-mail address: (t	NONE o be used for future annual report notifical	tion)
For further information con	ncerning this matter, please c	all:	
CAROLINE G. LIANSON Name of Person		at (<u>407) 370 -368</u> Area Code & Daytime T	Celephone Number
Enclosed is a check for the	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)
	NC ADDRESS.	CTDEET/COUDIE	ADDDECC.

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	•	<i>,</i> ,		my too is G
•		_	2010 SE	P 17 PM 18:48
	L&W MOU	INTEION	PPO	
(Name of the	Limited Liability Comp (A Florida Limited	any as it now app	ears on our records.)	JASSEE FLUNILA
			·	
The Articles of Organization for this L	imited Liability Compan	y were filed on _	09/24/2003	and assigned
Florida document numberLO 30	000036248.			
This amendment is submitted to amend	the following:			
A If amounting your outpuths you	name of the limited lie	hility somnony		
A. If amending name, enter the new			<u>iere</u> :	
The new name must be distinguishable ar	SOLUTIONS, LU	<u> </u>		
The new name must be distinguishable ar "L.L.C."	id end with the words "Lin	nited Liability Cor	npany," the designation	"LLC" or the abbreviation
		. 110		
Enter new principal offices address,	if applicable:	NA		
<u>(Principal office address MUST BE A</u>	STREET ADDRESS)			
				The second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the section of t
Enter new mailing address, if applic	able:	NA		
(Mailing address MAY BE A POST C	PFFICE BOX)			
B. If amending the registered age			n our records, <u>ente</u>	the name of the new
registered agent and/or the new regi	stered office address ne	ere:		
	ent: N/A			
Name of New Registered Ag	ent:			
New Registered Office Addre	ess:			
			Enter Florida street a	ddress
			, Florida _	
		City		Zip Code
New Registered Agent's Signature, if cl	hanging Registered Agen	<u>t:</u>		

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:

MGR = MGRM	Manager = Managing Member		SEP 0.1 2010
<u>Title</u>	<u>Name</u>	Address	Type of Action
1B.	n/u	A/N	Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If am	ending any other information, ento	er change(s) here: (Attach additiona	
			7010 SEP 17
Dated	SEP 0.1 2010	Vuncken	TO THE STATE OF TH
	<i>y y</i> - P · · · · · · · · · · · · · · · · · · ·	a member of authorized representative of SINOKLER Typed or printed name of signee	f a member

Page 2 of 2

Filing Fee: \$25.00