## L0400000 9313

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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Member Bu	siness Solutions, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing	
			•	
Please return	all correspo	idence concerning this matter	to the following:	
		John M. Alford, Attorney		
		**************************************	Name of Person	
			Firm/Company	
		215 Delta Court		
			Address	
		Tallahassee, FL 32303		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
John M. Alf	ord, Attorney	at Law	850 765-7911 at ()	
···	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Member Business Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		SEE, FI SAIF
The Articles of Organization for this Limited L		3, 2004 and assigned and assigned
Florida document number L04000009313	***************************************	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
Lucro Commercial Solutions, LLC		
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable: N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)	
	N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered o		records, <u>enter the name of the nev</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:		
-	Enter Florida stre	et address
		, Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			🗖 Add
			□ Remove
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fectiv	e date, if other than the da	te of filing: April 1, 2018 at 12:01 a.m.	(optional)
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