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(Red	questor's Name)	,
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2017

KENNETH STEELE ELLEETS LLC 11161 E STATE ROAD 70 STE 110-227 LAKEWOOD RANCH, FL 34202

SUBJECT: ELEETS, LLC Ref. Number: L04000089342

We have received your document for ELEETS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 417A0000056

TO DEC 30 FIT

SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		™							
SUBJECT: EL	EETS LLC	₩							
	Name of Lin	nited Liability Company							
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.							
Please return all corresp	ondence concerning this matter	to the following:							
	KENNETH								
		Name of Person							
	ELEETS I	40							
		Firm/Company							
	11161 E STA	TE Rd 70 STE # //	0-227						
		Address		= EE					
	LAKEWOOD R.	ANCH FL 3420	2	TODEC 30					
		City/State and Zip Code		3 9 9 7 F					
	ELEETS 2011	(to be used for future annual report notif	7	0 H					
			fication)	PH 2: 28					
For further information	concerning this matter, please of	rall:		: 23 26					
KENNEM	Steele	at (941 \ 756	77 <i>78</i>						
	of Person	at (<u>941</u>) <u>756</u> Area Code Daytime	e Telephone Number	_					
Enclosed is a check for t	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 Fe Certificate of S Certified Copy (additional copy is	tatus &					
		•							

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**

ELEETS, LL	C
(<u>Name of the Limited Liability C</u> (A Florida Li	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number 40400139342	apany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
ASSEM	BLY SOLUTIONZ LLC
The new name must be distinguishable and contain the words "Limited	BLY SOLUTIONZ LLC Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11161 E. STATE RD 70
(Principal office address MUST BE A STREET ADDRES	
	LAKEWOOD RANCH FL 34272 F.S.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE 3 STOLLED
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	SAME
New Registered Office Address: ///6/	E. STATE RD 70 STE #110 - 227 Enter Florida street address
LAKEV	VOOD RANCH , Florida 34202 City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

1

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.

SAME

If Changing Registered Agent, Signature of New Registered Agent

If 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			
MGR	KENNETH STEELE	7447 47TH AVE CIR E				
		BIRADENTONI FL 34203	□ Remove			
			☑ Change			
			D Add			
			Remove			
	(☐ Change			
			EN Add Pic			
			SECRETARY OF STALL AHASSIES FL			
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Filing Fee: \$25.00