

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	;
	•	
	701	

Office Use Only



300292295383

11/15/16--01015--012 \*\*35.00

16 DEC -1 AH 10: 44
SECRETARY OF STATE
TALLAHASSEF FIRME



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2016

JOHN DONADEO NY JOHN SOLUTION MANAGEMENT 18620 ROCOCO ROAD SPRING HILL, FL 34610

SUBJECT: NY JOHN SOLUTION MANAGEMENT, LLC

Ref. Number: L05000059666

We have received your document for NY JOHN SOLUTION MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 416A00024706

Thank goo!

## **COVER LETTER**

Division of Corporations Solution Management, LLC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sohn 8134172116 @ qmail.

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ck # 8888

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number \( \sum \text{\subset} \text{\subset \subset \text{\subset} \text{\subset} \text{\subset} \text{\subset \subset \subset \subset \subset \text{\subset} \subset \subse	ere filed on 6/6/2005 AHASSIGNED
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ability ration "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Spring Hill FL 34610
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	18620 Rozoco Ra Spring Hill, FL 34610
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the nev
Name of New Registered Agent:  New Registered Office Address:  \[ \begin{array}{c ccccccccccccccccccccccccccccccccccc	Donadeo (same)  Rococo Rd  Enter Florida street address
Spri	Na Hill Florida 3460  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

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		
AMBR	John J. Donale.	18620 Rozoco Rd			
		Spring Hill FL 34	Remove		
			Change		
			🗖 Add		
	•		□ Remove		
			Change		
	· <u></u>		Add		
			☐ Remove		
		<u> </u>	☐ Change		
			Add		
			🗆 Remove		
			Change		
			D Add		
			□ Remove		
		·	Change		
			Add		
			□ Remove		
			Change		

		**	-
-			-
_	N/A		_
_	7		_
-			_
-			_
_			_
_			_
-			_
-	ALC FO	<u></u>	-
-	ARE TA	<del></del>	Emartis
-	SSE CO	<u></u>	Desired - Property Minoran
-		AMIO	-
-	LORIDA LORIDA	<del>ئ</del> ــ	_
-			-
(If an ef Note:	ive date, if other than the date of filing:    10/3	ant to 60 of be lis	)5.0207 (; ted as th
the re ) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the 90th day after the record is filed.	e earl	ier of:
Dated			
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00