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C. LEWIS

SEP 42009

EXAMINER

COVER LETTER

Division	of Corporations					
SUBJECT:	Higher Level Solutions, LLC					
Sobsect.	Name of Limited Liability Company					
The enclosed Art	icles of Amendment and fee(s) are su	abmitted for filing.				
Please return all	correspondence concerning this matte	er to the following:				
		Brook Eneas Name of Person				
•	пу	Higher Level Solutions, LLC Firm/Company				
	792	7922 North Southwood Circle				
		Address				
		Davie, FL 33328 City/State and Zip Code				
	brook E-mail address:	brook@higherlevelsolutions.com E-mail address: (to be used for future annual report notification)				
For further inform	nation concerning this matter, please					
Brook Eneas		at (_954_) 643-9697				
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a che	ck for the following amount:					
\$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy 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 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 SEP -3 PM 2: 21

Hig (Name of the Limited (A	her Level Solutions, LLC Liability Company as it now appears Florida Limited Liability Company)	on our records.)	SECRETARY OF STAT TALLAHASSEE.FLORI				
The Articles of Organization for this Limited Lie		07/05/2006	and assigned				
Florida document numberL06000067	010						
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:							
Name of New Registered Agent:	Brook Eneas						
New Registered Office Address:	7922 North Southwood Circle Enter Florida street address						
	Davie 	, Florida	33328 Zip Code				
New Desistered Agent's Signature if shanging D	•		T				

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 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 = Manager

MGRM = Managing Member Type of Action Address Title Name MGR **Brook Eneas** ☑ Add □ Remove 7922 North Southwood Circle Davie, FL 33328 Raymond Eneas MGR 7922 North Southwood Circle Remove Davie, FL 33328_____ . ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00