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STORETARY OF SHATE TALLARY SEEL LEADING

JUN 21 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: Identi-	ty Theff Bu	Siness and Leg	eal Solutions,	UC
The enclosed Articles of Ame		•		
-	She	lly A Jordan Name of Person	· · · · · · · · · · · · · · · · · · ·	
-	124 villa	Firm/Company GC Circle Address		15 Z
-	Jupite	Address City/State and Zip Code 1027 @ Gomail . Co o be used for future annual report notific		JUH 20 AH 11: 02
For further information conce			cation)	11: 02
Shelly A Jame of Per	Jordan son	at (784) 683- Area Code Daytime	3080 Telephone Number	
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee	3 \$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)	
Registration Division of P.O. Box 6	Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number LO7000 (p0) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LEC. 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: New Registered Office Address: Enter Florida street 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
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Effective da If an effective of Note: If the document's e	date inserted	in this block	does not m	eet the app	licable statu	filing or more tory filing r	than 90 days	optional) after filing.) Pu , this date will	rsuant to 605.0207 not be listed as	(3) t h e
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