

LD7000097645

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 19 PM 12:28

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: National Solutions LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edgar

Name of Person

National Solutions LLC

Firm/Company

1650 Sand Lake Rd Suite 200

Address

Orlando FL 32809

City/State and Zip Code

lv@nationalsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgar

Name of Person

at ( 407 )

9473879

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Fee,  
Certificate of Status &  
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**

National Solutions LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/25/2007 and assigned  
Florida document number L07000097645.

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 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)

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SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
10 MAY 19 PM 12:28

**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:

Edgar Gonzalez

New Registered Office Address:

11310 S Orange Blossom Trail

*Enter Florida street address*

Orlando

*City*

Florida

32837

*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 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.*

*[Signature]*  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edgar Gonzalez	11310 S Orange Blossom Trail Orlando FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Samuel Velazquez	11310 S Orange Blossom Trail Orlando FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CRUZ KIOMARY	337 JEFFERY DR DAVENPORT FL 33837 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

Edgar Gonzalez

Typed or printed name of signee