## 107000098035

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## **COVER LETTER**

Divis	sion of Corp	orations					
SUBJECT:	FraudSolvers LLC						
Name of Limited Liability Company							
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Sam Guttman					
	Name of Person						
	FraudSolvers LLC						
	Firm/Company						
	3724 Heirloom Rose Place						
Address							
		Oviedo, FL 32766					
	City/State and Zip Code						
	singuttman@fraudsolvers.com						
			o be used for future annual report noti	fication)			
For further in	formation co	ncerning this matter, please ca	all:				
Sam Guttmar	1		321 696 1333 at ()				
	Name of	Person	Area Code Daytim	e Telephone Number			
Enclosed is a	check for the	following amount:					
\$25.00 Fi	ling 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)			

TO:

Registration Section

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

18 MAY 21 MILLED

SMG Consulting LLC

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

(1110)	and billing bloomly Company)	4. 完
The Articles of Organization for this Limited Liability	•	and assigned
Florida document number L07000098035	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
FraudSolvers LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	, Flo	rida
	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:

	anager uthorized Member	18 HAY ED		
<u>Title</u>	<u>Name</u>	<u>Address</u>	18 MAY 21 AM III 18	Type of Action
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(If an et <u>Note:</u>	ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date  ! If the date inserted in this block does not meet the applicable st iment's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b atutory filing requirements, this date will not be listed as the
	record specifies a delayed effective date, but not an nee 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	ed 5/16/20/8	
	Signature of a member or authorized a	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00