L08000046829

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EXAMINER



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COVER LETTER

Division of Corporations	
SUBJECT: Equity Solutions Group, 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:	
Larry Goldstein	
(Name of Person)	
Equity Solutions Group, LLC	
(Firm/Company)	
12421 NW 15th St., Unit 102	
(Address)	
Sunrise, FL 33323	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Larry Goldstein at (954) 326-8797	
(Name of Person) (Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:	

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

□ \$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equity Solutions Group, LLC					
(Name of the Limited L (A.)	iability Compa lorida Limited	any as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company were filed on 05/09/08					gned
Florida document number L08000046829	·				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited lia	bility company here:			
The new name must be distinguishable and end with	the words "Lim	ited Liability Company," the de	esignation "LLC	" or the ab	breviation
'L.L.C."		, company,			
Enter new principal offices address, if applical	hla•	12421 NW 15th St., Unit	102	99	했
(Principal office address MUST BE A STREET		Sunrise, FL 33323			
Trincipui office dadress most BEA STREET	ADDRESS)			<u>2</u>	
			··	7	<u> </u>
		12421 NW 15th St., Unit	102	<i>∵</i>	<u></u>
Enter new mailing address, if applicable:		- •	102		
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Sunrise, FL 33323			<u></u>
B. If amending the registered agent and/or	· registered o	ffice address on our recor	ds enter the	name of	the new
registered agent and/or the new registered offi	_		us, enter the	name or	the new
Name of New Registered Agent:	Larry Goldste	in		· · · · · · · · · · · · · · · · · · ·	···
New Registered Office Address:	12421 NW 1	5th St., Unit 102			
		(Enter Florid	la street addre	ss)	
	Sunrise		Florida <u>33323</u>	3	
		(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	David Dayan	3920 NW 91 Terrace Sunrise, FL 33351	Add Remove
			— ,
			Ξ η
			= ~
			Pamaua
			
D. If ame	nding any other information	i, enter change(s) here: (Attach additional sheet	ts, if necessary.)
-		· · · · · · · · · · · · · · · · · · ·	
-			
Dated June	e 18		_
	_	are of a member of authorized representative of a mer	mber
	Larry Gold	Stein Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00