Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone

: (813)435-3176

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: (813)333-6358

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BIZ SOLUTIONS 1, LLC

Certificate of Status	0
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. Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BIZ SOLUTIONS 1, LLC				
(Name of the	Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Li	mited Liability Company were filed on	04/27/2009	and assigned		
Florida document numberL090	000040566				
This amendment is submitted to amend	the following:				
A. If amending name, enter the new	name of the limited liability company he	ere:			
The new name must be distinguishable and "L.L.C."	d end with the words "Limited Liability Comp	pany," the designation "Li	LC" or the abbreviatio		
Enter new principal offices address, is	fapplicable:				
(Principal office address MUST BE A	STREET ADDRESS)	<u> </u>	200		
		<u></u>	# T		
Enter new mailing address, if applica	ble:	SSE	ARY ARY		
(Mailing address MAY BE A POST O	FFICE BOX)	n	F 3		
		<u></u>	ST 89		
B. If amending the registered ager registered agent and/or the new regist	nt and/or registered office address on tered office address here:		e name of the nev		
Name of New Registered Ages	at:				
New Registered Office Address		,			
	, Ei	. Enter Florida street address			
	Cin	, Florida	Zip Code		
	City		Lip 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.

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

Title	Name	Address	Type of Action
MGR	AUGUSTA SAVAS	3212 NE 7TH STREET POMPANO BEACH, FL 33062	
MGR	THOMAS SAVAS	3212 NE 7TH STREET POMPANO BEACH, FL 33062	Add 7 Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
		TAL	— 3
		HASSETT. FLOR	्च 🗯 🗀 ेशली
D. If amendin	g any other information, enter change(s	s) bere: (Attach additional sheets, if necessary,	di di emove
			·
Dated	05/05 , 2009	<u>) </u>	
	UNICKOLAS SPRADLIN A	authorized representative of a member AUTHORIZED REPRESENTATIVE printed name of signee	

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Filing Fee: \$25.00