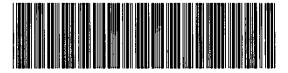
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(Ad	dress)	
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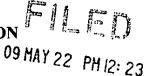
Office Use Only

COVER LETTER

TO: Registration Division of C		•			
SUBJECT:	Mind4S	Solutions, LLC.			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		Vimbai Mudimu			
		Name of Person			
	Mind4Solutions, LLC.				
		Firm/Company			
	1	145 Kennewick Court			
		Address			
	We	esley Chapel, FL 33543	,		
		City/State and Zip Code			
	vimbai.m	nudimu@mind4solutions to be used for future annual report	s.com		
For further information	n concerning this matter, please	·	indiffication)		
V	imbai Mudimu	at (813)	973-3362		
Name	e of Person	Area Code & D	aytime Telephone Number		
Parlametta esta 1.6	4 6 11				
	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS:		DURIER ADDRESS:		
Divis	stration Section sion of Corporations	Registration S Division of C	orporations		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 09



Mind4Solutions, LLC.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records:) FLURIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	5/6/09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	27221 State	Road 56	
(Mailing address MAY BE A POST OFFICE BOX)	Suite #136		
	Wesley Char	oel, FL 33544	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	nter Florida street ac	ldress
	, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	lan Elius	P.O. Box 1758 Lutz, FL 33548	Add Remove
			Add Remove
·		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			O9 MAY 2 SECRETAL TALL AHAS
Dated	May 20th 300	9	22 PM I2: 23 ARY OF STATE ASSEE IF LORIDA
(Signature of a member o	r authorized representative of a member	
`		mbai Mudimu	
_	Typed or	printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00