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## **COVER LETTER**

	Registration Se Division of Cor		•			
CIIDIE/	MASTERMIND SOLUTIONS LLC  Name of Limited Liability Company					
SUBJEC						
The enci	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Thomas Thomas				
		MASTERMIND SOLUTION	Name of Person ONS LLC			
Firm/Company 4674 Silverthorn Dr  Address  Jacksonville, FL - 32258						
				<del>-</del>		
		City/State and Zip Code mastermindsolutionIIc@gmail.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	ner information c	oncerning this matter, please ca	all:			
Thomas	Thomas		904 4850982 at ( )			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	d is a check for th	ne 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

20/8/13/27 PH 1:16

MASTERMIND 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 05/08/2009 Florida document number L09000014851 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4674 Silverthorn Dr. Enter new principal offices address, if applicable: Jacksonville, FL-32258 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: LINCY THOMAS Name of New Registered Agent: 4674 Silverthorn Dr. New Registered Office Address: Enter Florida street address , Florida 32258
Zip Code Jacksonville

## 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.

City

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	THOMAS THOMAS	4674 Silverthorn Dr.	_
		I 1 20 20 20 20	
		Jacksonville, FL-32258	Remove
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. It amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date	04/01/2019 ate of filing: (optional)
(If an effective date is listed, the date must b	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ek does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed e ) The 90th day after the recor	effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of: of is filed.
Dated 21st of March	
	Thomas
Si	ignature of a member of authorized representative of a member
Thomas Thomas	
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00