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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

| Division o | f Corporations | | |
|-----------------------|--|---|--|
| SUBJECT: | DUP-SOLUTION | S GAROUP LIC | ······· |
| | / Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articl | es of Amendment and fee(s) are sub | omitted for filing. | • |
| Please return all cor | respondence concerning this matter | to the following: | |
| | | | • |
| • | AUM C.O | OLDSTEIN | |
| | | Name of Person | |
| | UNIA-SOLVI | TION (GROUP, LE | |
| | 10-1 | Firm/Company | |
| | 196 20 | rong H | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| · • | MECTOM | n Rimil El - | 2.21/7 |
| | PAL () / //// | City/State and Zip Code | |
| . : | Allyna ? | 312CHAMIS, COM | <u>~</u> |
| | E-mail address: (i ion concerning this matter, please | to be used for future annual report notific | cation) |
| ror further informat | ion concerning this matter, please t | al l: | • |
| Allin | GOLDOTTA | at (501) 228 8 | espo |
| Name of Person | | Area Code & Daytime | Telephone Number |
| | | | • |
| Enclosed is a check | for the following amount: | | · |
| \$25.00 Filing Fe | e \$\int \\$30.00 \text{ Filing Fee & Certificate of Status} | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & |
| # 100 mm | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | • | • |
| Ro D | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | | 1 |
| T: | allahassee, FL 32314 | 2661 Executive Cer Tallahassee, FL 323 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

10 AUG -9 PM 12: 29

SECRETARY OFFICE

| (Name of the Limited Lia (A Flo | ability Company as it now appears on orda Limited Liability Company) | our records.) ALLAHASSEE, FLORIDA |
|--|--|---|
| The Articles of Organization for this Limited Liabilifornida document number | | and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | e; | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) | <u></u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter-F | Florida street address – – |
| | <u> </u> | , 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, 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** □ Add ☐ Add Remove Add 🗌 Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00