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COVER LETTER

TO:	Registration Sect Division of Corpo			2018
SUBIE	·	Driven Solutions		2018 AUG 16 AU 10: 314
		Name of Lim	nited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	بي .
Please	return all correspond	dence concerning this matter	to the following:	
		Betsy Earle	Name of Person	
		(Name of Person	
		Event Driven	Solutions	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		6250 42nd s	St N. Unit 30	
			Address	
		Pinellas Park	FL 33781 City/State and Zip Code	
		E-mail address:	tivensolutions.com	ication)
For fur	ther information con	cerning this matter, please c		
Bet	Sy Earle Name of P		at (<u>203</u>) <u>733 - 6</u> Area Code Daytime	164
	' Name of P	erson	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$2 :	5.00 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:

(D)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Event Driven Soluti					
(Name of the Limited	Liability Compa A Florida Limited L	ny as it now appears o liability Company)	n our records.)	7 6	
The Articles of Organization for this Limited Lia Florida document number <u>L100002983</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a su	37 ving:			and assigned	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the design	gnation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	6250 42nd	St N. Uni	+ 30	
(Principal office address MUST BE A STREET	ADDRESS)	Pinellas Par	k FL 3378	3l	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 S. Belcher Rd Unit 7366 Clearwater FL 33758			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ur records, <u>ent</u>	er the name of the new	
Name of New Registered Agent:	Betsy Ed		<u></u>		
New Registered Office Address:	6250 42	2nd St N U Enter Florida	street address		
	Pinellas	Park	Florida	33781	
		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 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.

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>	Address	Type of Action
P	Betsy Earle	6250 42nd St N. Unit 30	
		Pinellas Park FL 33781	□ Remove
			∑ Change
			
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Filing Fee: \$25.00