## 110000040564

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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D. SCOTT JAN 2 0 2017

## **COVER LETTER**

P.O. Box 6327 Tallahassee, FL 32314

	Registration So Division of Co						
SUBJEC		anagement, LLC					
SUBJEC	·1i	Name of Lim	nited Liability Company	<del></del>			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing				
		ondence concerning this matter	_				
		Donald E. Beard, Presiden	at				
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
		Momentum Capital Soluti	ons, LLC				
		<del>,</del>	Firm/Company				
		5976 20th Street - # 241					
			Address	<u> </u>			
		Vero Beach, FL 32966					
			City/State and Zip Code				
		donbeard71@gmail.com	to be used for future annual report notifi	antina \			
For furthe	u information a		•	canony			
		concerning this matter, please c		SEC SEC			
Donald E	E. Beard		772 633-5161 at ()	- 超复工			
	Name o	f Person	Area Code Daytime	Telephone Number 8 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Enclosed	is a check for the	he following amount:		N ST			
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora				

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

signed
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of the
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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.

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 Title Name **Address Type of Action** \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change :El-Remove © Change ☐ Remove

\_□ Change

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fective date, if other than the date of filing: (optio	onal)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a	m on the earlier
The 90th day after the record is filed.	.m. on the earlier (
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Filing Fee: \$25.00