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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	•			
SUBJECT:	m Capital Solutions, LLC	to d I to billion Common		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Donald E. Beard, Mgr. Me	ember		
		Name of Person		
	Momentum Capital Solution	ons, LLC		
		Firm/Company		
	5976 20th Street - #241			
		Address		
	Vero Beach, FL 32966			7 KR-9 PH 2: 12
	*** * * * * * * * * * * * * * * * * * 	City/State and Zip Code		
	cromine09@comcast.net			<u></u>
	E-mail address: (to be used for future annual re	eport notification	2
For further information	concerning this matter, please co	all:		
Donald E. Beard, Mgr.	Member	772 633	-5161	
Name	of Person	Area Code	Daytime Telep	hone Number
Enclosed is a check for t	the 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)
Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	Registration	/COURIER AI on Section of Corporations uilding	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Momentum Capital Solutions, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 04-14-2010 and assigned
This amendment is submitted to amend the following:	_ ∙
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1 02 0 02
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the nev
registered agent and/or the new registered office addre	ess here:
	2
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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.

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>	Name	Address	Type of Action
AMBR	Carol Romine	5976 20th St=#241, Vero B	Bch, FL 329 66 = Add
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ffective date, if other than the date of fan effective date is listed, the date must be specificate: If the date inserted in this block does in the date inserted in this block does in the date.	c and cannot be prior not meet the applic	able statutory fili	nore than 90 days after	onal) filing.) Pursuant to 605.	PK 12: 12 .02
ocument's effective date on the Department	of State's records				
e record specifies a delayed effective. The 90th day after the record is fil	/e date, but no ed.	ot an effective	time, at 12:01 a	i.m. on the earlie	er o
, March 4	2017				
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Page 3 of 3

Filing Fee: \$25.00