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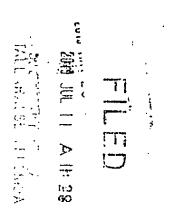
(Requestor's Name)
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### **COVER LETTER**

TO: Registration Secti Division of Corpo		
SUBJECT:	Ansitions Communic Slutions, LLC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Justin Rison Name of Person	
	Name of Person	
	Transitions Community Solutions, LLC Firm/Company	
	45 West SMITH St.	
	Addiess	
	WINTER GARDEN, Fl. 34787  City/State and Zip Code	
	Justin Rison & Fransit 45. Com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information con-	cerning this matter, please call:	
Justin Name of P	at (467) 779 - 5483  erson Area Code Daytime Telephone Number	
Nume of 1	71102 Code Przytinie Petephone Walinber	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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



June 11, 2019

JUSTIN RISON 45 WEST SMITH ST WINTER GARDEN, FL 34787

SUBJECT: TRANSITIONS COMMUTE SOLUTIONS LLC

Ref. Number: L10000108728

We have received your document for TRANSITIONS COMMUTE SOLUTIONS LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title Mr or Mrs are not titles for an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

01:01 WH 1:1 OF 6102

Letter Number: 319A00011680

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	91	FILED
Name of the Limited Li		records) 2018 JUL 11 A 11: 22
(AF)	orida Limited Liability Company)	2
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/19	2016 Mil and assigned Left LA
Florida document number 4/0000/087	<u> 28</u>	?
This amendment is submitted to amend the following	g:	•
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 designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
	<del></del>	
B. If amending the registered agent and/or r	egistered office address on our re	ecords, enter the name of the new
registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
_		, 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 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	<u>Address</u>	Type of Action
MGF	Debbie Asbrayon	45 West Smith St	\ Add
		Winks GOKDEN, Fl	□ Remove
		34787	Change
Mel	Shakai Joyner	SAME AS ABJURY	OAdd
			Remove
			D Change
iNCL	Ron Helman	SAME By Abou	DAdd
			☐ Remove
			☐ Change
MGL	Jeff BICCARIS	SAME AS Above	<b>□</b> Add
			□ Remove
			□ Change
		····	Add
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an effection	ctive date is listed, t f the date inserted	than the date of the date must be spee d in this block does e on the Departme	ific and cannot be s not meet the ap	plicable statutory	g or more than 90 da filing requirement	(optional) ys after filing.) Pursuan nts, this date will not	t to 605.0207 be listed as
e reco	ord specifies a 90th day after	delayed effect the record is	tive date, but filed.	t not an effect	ive time, at 12	2:01 a.m. on the	earlier of
ated _	5/17/	/ ————————————————————————————————————	, <u>Zo</u> /	9			
		//	1 0				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00