11000018143

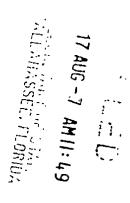
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300302150963

08/07/17--01021--008 **25.00



AUG 0 8 2017

Y SULKER

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: FL		ELVING SOLUTIONS, LIC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAE	Name of Person	
	FLORIDA	EHELVING SOLUTIONS, LLC	
		Firm/Company	
	6604	HERITAGE LN	
		Address	
	BRADO	2NFON, FL 34209	
		City/State and Zip Code	
		MIKE Q VERIZON. NET	
		to be used for future annual report notification)	
For further information co	oncerning this matter, please c	all:	
Name o	f Person	at ()	
Enclosed is a check for th	e following amount:	l	
2 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SHELL	VI NG	SOLUTION	NS, LLC	· -
(Name of the Limited Liability Company (A Florida Limited Lia				,
The Articles of Organization for this Limited Liability Company w	vere filed or	3/30/	2011 and a	ssigned
Florida document number <u>L 110000 38143</u> .			1	
This amendment is submitted to amend the following:			!	
A. If amending name, enter the new name of the limited liabili	ity compan	y here:		
			1	
The new name must be distinguishable and contain the words "Limited Liability	y Company,"	the designation "LLC"	or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		/	,	
Principal office address MUST BE A STREET ADDRESS)		/		<u>.</u>
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
			7 4	
		/	55.5	<i>3</i>
3. If amending the registered agent and/or registered offi		on our records,	_ http://	e of the new
egistered agent and/or the new registered office address here:			AM II: 4 FLORIL	T
N. CN. B. CA.			OR:	
Name of New Registered Agent:			 	
New Registered Office Address:		St. d.		
	Enler	Florida street address	1	
	City	, Floi	ridaZip Cod	 _
New Registered Agent's Signature, if changing Registered Agent:	Chy	•	Ζφ εδα	r
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance ovided for	e of my duties, and in Chapter 605, F	l I am familiar w .S. Or, if this do	vith and cument is
			1	

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>	<u>Name</u>	Address	Type of Action
am BR	RYAN M. KANTOR	BRADENTON, FL 34209	Ĺ♠ [6] Add
		BRADENTON, FL 34209	Remove
			Change
			Add
			Remove
			Change
	, and the second		□ Remove
			☐ Change
			Ghange
			Remove
		CONES.	Change
			D Add
			Remove
			Change
			🗆 Add
			Remove
			Change

	MICHAEL	١.	KANTOR-	90%	OWNER
	RYAN	Μ.	KANTOR -	10%	OWNER
			· · · · · · · · · · · · · · · · · · ·		
 -					<u> </u>
		 -			<u> </u>
_		·	·		
				··	1
					17
					NUG.
		,- ,	· · · · · · · · · · · · · · · · · · ·		ISS. 1
					TO 1
					<u> </u>
					<u>l</u>
					
			8/4/2017		
	ther than the date of ted, the date must be spec		anot be prior to date of filing or m		onal) filing.) Pursuant to 60:
	erted in this block doe date on the Departme		t the applicable statutory filin e's records.	g requirements, thi	s date will not be list
	es a delayed effect fter the record is		e, but not an effective t	time, at 12:01 a	a.m. on the earli
,	/				
8/4	2017	, _	 ,		
7		1	1 C L		
	Signatur	re of a mem	ber or authorized representative	of a member	
	MICHAEL	٦.	KANTOR		

Filing Fee: \$25.00