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B. BOSTICK SEP **2 5** 2012

COVER LETTER

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TO:	Registration Secti Division of Corpo			· (•	
SUBJ	ест: <u>Ехр</u>	Name of Lim	tions, LLC ited Liability Company			
The er	nclosed Articles of An	nendment and fee(s) are sul	bmitted for filing.			
Please	e return all corresponde	ence concerning this matter	r to the following:			
		Kori	JLMcMulle Name of Person	n	_	
		Expansi	on Solutions, Firm/Company	, LLC		
		14758 Del	rdido Key Sr	ive		
		•	FL 3250 City/State and Zip Code		12 SEP 2 SEURL P PALLAHA	, T
	-	Gmadde E-mail address: (to be used for futury annual repor	t notification)	24 PM	्राप्तरण्या कृष्टिस्यण्या हु
For fu	rther information cond	erning this matter, please of	call:		FLORI SIAI LORI	
_6	Name of Pe	<u>adden</u>	at (<i>SSD</i>) <u>9/2</u> Area Code & D	2-8640 Daytime Telephone Num	mber C	
Enclos	sed is a check for the f	ollowing amount:				
1 /92:	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status.	S55.00 Filing Fee & Certified Copy (additional copy is end	Certi Closed) Certi	Filing Fee, ificate of Status & ified Copy itional copy is enclo	osed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	V Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	8/24/2011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the won "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		the designation "LLC" or the abbreviation 12 SEP 24 PM 4: 29		
B. If amending the registered agent and/or regis	stered office address on our	records enter the name of the new		
registered agent and/or the new registered office add		records, encerting name of the new		
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Address** Type of Action Kenneth Reilly *C00* 8149 Westgate, Apt. 301 University, mo 63130 ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.); September 20 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00