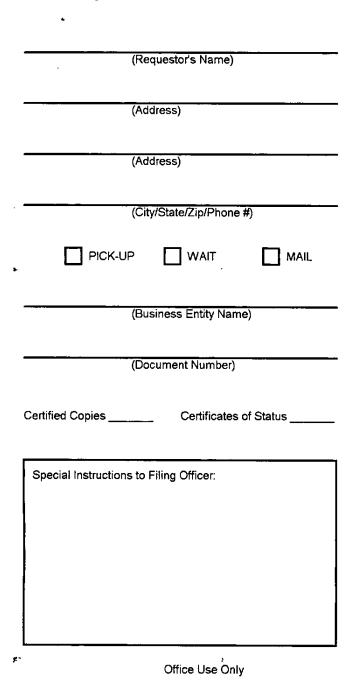
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. States DEC 1 9 2014



COVER LETTER

TO:	Registration Sec Division of Corp		, F • .	e.				
cup u	· i Solution	s & Results, L.L.C.						
SUBJI	ECI:	Name of Limi	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspon	ndence concerning this matter	to the following:					
		Elizabeth Root						
Name of Person								
Isis Solutions and Results, L.L.C.								
			Firm/Company					
		4449 Steed Terrace						
			Address	"				
		Winter Park, FL 327	92					
		Liz@ISR.Solutions	City/State and Zip Code					
		E-mail address: (1	to be used for future annual report notifi	cation)				
For fur	rther information co	oncerning this matter, please ca	all:					
Eliza	beth Root		407 417-2352 Area Code Daytime					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	e following amount:						
□ \$ 2	5.00 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)				

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

Isis Solutions and Results, L.L	C.				
(Name of the Limited L (A F	iability Company Torida Limited Lia	as it now appears on o bility Company)	ur records.)		
The Articles of Organization for this Limited Liabilification Florida document number L1200000571	lity Company w	ere filed on Janua	ry 03, 2012	and assi	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company here:			
i Solutions & Results, L.L.C.					
The new name must be distinguishable and end with the word	ds "Limited Liabili	Enter Florida street address Enter Florida street address City City			
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)			·	
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi	ce address on our	records, enter	the name	of the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida str		ALL ALL	,
_		City	, 1 101144	Zip Code	the man
New Registered Agent's Signature, if changing Regis	stered Agent:			7 A	Section 1
provisions of all statutes relative to the proper a accept the obligations of my position as register	and complete p red agent as pr istered office a	erformance of my a ovided for in Chapt	uties, and I am j er 605, F.S. Or	ree to comp familiar with if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Type of Action Address** Directo **Eric Wright** 4449 Steed Terrace Add Winter Park, FL 32792 ☐ Remove ☐ Remove ☐ Remove □ Add □ Remove □ Add ☐ Remove

. II amendi	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
, .						
			<u> </u>			
	<u> </u>					
		04/04/2045	·			
. Effective of	date, if other than th	e date of filing: 01/01/2015 anot be prior to date of receipt or filed date and can	(optional)			
		nnot be prior to date of receipt or filed date and can Florida Department of State)	not be more than 90 days after			
Dated De	cember 15	2015				
Dated		<u> </u>				
	Zub	(L X t				
	- Carrie	Signature of a member or authorized represents	ative of a member			
	Elizabeth Root	V				
		Typed or printed name of signs	æ			

Page 3 of 3

Filing Fee: \$25.00

