1120000 13668

(Re	questor's Name)	
(Ad	dress)	
`	,	
(Ad	dress)	
(0)	10	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
•	•	
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	. ==
(50	ountent Hambery	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
عد الله الله الله الله الله الله الله الل	Office Use On	iv



600266505846

11/24/14--01005--018 **30.00

14 NOV 24 AM 7: 43
SECRETARY OF STATE
TALEAHASSEE FIORITA

J. Shivers DEC 0 A 2014

COVER LETTER

TO: Registration Se Division of Cor			
AJB Sol	utions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
,	Adam Butler		
		Name of Person	
	AJB Solutions, LLC		
		Firm/Company	
	11164 Marquetts St		·
	Address		
	Spring Hill Florida 3	4609	
٠	ajbutler@ajbsolution	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	· ·
Adam Butler		352 340-3701	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJB Solutions, LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000013068</u>	re filed on 27 January 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and end with the words "Limited 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 ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter	the name of the new
Name of New Registered Agent:		AL S
New Registered Office Address:	Enter Florida street address, Florida	NOU 24 ARE ARY OF THE ARY
New Registered Agent's Signature, if changing Registered Agent:		7: F
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am vided for in Chapter 605, F.S. Or	familiar with and ; if this document 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>	<u>Name</u>	Address	Type of Action
MGRM	Kathryn Butler	11164 Marquette St	Add
		Spring Hill, FI 34609	■ Remove
MGRM	James Redmile	5235 Lydia Ct	■ Add
		Spring Hill, FI 34608	Remove
		·	□ Remove
	•		SECRETAR IALLAHASS
			RADE GRemove
			Add
			□ Remove

I would like to add the EIN for AJE	<pre>ange(s) here: (Attach additional sheets, if necessary B Solutions.</pre>
EIN 47-2184454	
Effective date, if other than the date of filing the effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated 20 November	2014
·	
Signature of a m	nember or authorized representative of a member
Adam Butler	-
	Typed or printed name of ciange

Page 3 of 3

Filing Fee: \$25.00

14 NOV 24 AM 7: 43
SECRETARY OF STATE
TALL AHASSEE EL ROLL