L12-000017195

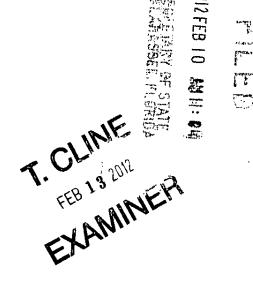
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(Address)	_
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(City/State/Zip/Phone #)	_
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(Business Entity Name)	_
(Document Number)	_
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COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJ _.	ECT: BASES ON SOLUTIONS LLC. Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	ANTHONY G. HAYLES Name of Person	
	ANTHONY 6. HAYLES Name of Person BASES ON SALUTIONS LLC. Firm/Company	
	1323 RAVISA CIRCLE Address OLLANSO FO 32825 City/State and Zip Code	20
	Olity/State and Zip Code	MARKET PLANT OF ST
	BASEDON SOLUTIONS @ GUAIL . COM E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	OF STATE
_/	ANTHONY G. HAYLES at (407) 733 - 4217 Name of Person Area Code & Daytime Telephone Number	
Enclos	echts a check for the following amount:	
⊡ \$25	(additional copy is enclosed) Certified C	of Status &

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

BASES りい (Name of the Limited Liability Com		LC.		
(A Florida Limited	ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on FEBR	UNEY 06, 2012	and assigned	
Florida document number <u>L12000017195</u> .		, ,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company here:			
The new name must be distinguishable and end with the words "L'L.L.C."	imited Liability Company," t	he designation "LLC"	or the abbrevia	 tion
Enter new principal offices address, if applicable:		73. 27.0	20	_
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	British Committee	-110%	_
		12.73	CS (Vision)	
		16.49 17.47 17.47		
Enter new mailing address, if applicable:			ě	_
Mailing address MAY BE A POST OFFICE BOX)		蜀玉	Alban Honey	_
		ig m	*at	_
3. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ecords, enter the n	ame of the n	<u>ew</u>
Name of New Registered Agent:				_
New Registered Office Address:				_
	Enter Flo	orida street address		
	**************************************	, Florida		_
	City	Zi	p Code	
Inn Desistand Assatts Standard 16 than the Basta and Assa	4.			

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

Type of Action Title <u>Address</u> **Name** ANTHONY G. HAYLES MGRM Remove ☐ Add Remove ☐ Add Remove Add Remove 111 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 02 -07 Signature of a member or authorized representative of a member Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00