_	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
]	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H12000103943 3)))
1	Note: DO NOT hit the REFRESH/RELOAD button on your browser from the page R Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : THE LAW OFFICES OF NICK SPRADLD Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358
E	nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:
TAPR 18 Ph 3: 34 Secretary of State	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MLM BUSINESS SOULTIONS, LLC Certificate of Status 0 Certified Copy 0 Page Count 2 Stimated Charge \$25.00

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• 94/27/2030 02:22 FAX 8133336358	NICK SPRADLIN	(2) 0002/0003	
412 000 103 943 3 ARTICL	LES OF AMENDMEN	T FILED	
	TO		
ARTICLE	ES OF ORGANIZAT. OF	ION 12 APR 18 AM 8: 24	
	O r	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MLM BUSI	NESS SOULTIONS,		
(Name of the Limited Liabi (A Florid	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability		04/18/2012 and assigned	
Florida document number L12000052536	<u> </u> .		
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company her	<u>re</u> :	
MLM BUS	INESS SOLUTIONS, LL	.C	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	······		
(Principal office address MUST BEA STREET AD	DRESS)		
	- <u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	vistered office address on	our records, enter the name of the ne	
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	Enter Florida street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	ered Agent:		
I hereby accept the appointment as registered age	nt and agree to act in this c	apacity. 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 being filed to merely reflect a change in the regist	l agent as provided for in C ered office address. I bereh	hapter 608, F.S. Or, If this document is confirm that the limited liability	
company has been notified in writing of this change		y congrementation of the tenthold the control of the tenthold the tent	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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04/27/2030 02:23 FAX 8133336358 NICK SPRADLIN ②0003/0003 H12000 iの ろ タイス ろ If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			D Permotre
			Add Remove
			Add Remove
D. If am	ending any other information, enter	change(s) here: (Attach additional s	heets, if necessary.)
, ,			TALLAHA
- Dated	04/18,		FILED 18 AN 8: 24 ANY OF STATE SSEE, FLORIDA
	NICKOLAS J. SPR	ember or authorized representative of a ADLIN AUTHORIZED REPRE Typed or printed name of signee	member
		Page 2 of 2	
		Filing Fee: \$25.00	
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