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TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 01 2012  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Distinguish Services Solution LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kathy E. Jones**

Name of Person

**Distinguish Services Solution LLC**

Firm/Company

**7735 NW 22nd Ave. Apt.309**

Address

**Miami, FL 33147**

City/State and Zip Code

**d.s.solution123@gmail.com**

E-mail address: (to be used for future annual report notification)

**FILED**  
**12 MAY 31 PM 12:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**Kathy E. Jones**

Name of Person

at ( **305** )

**9927986**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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



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:

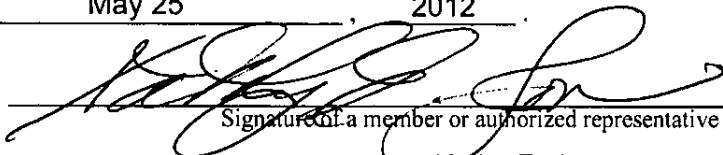
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kathy E. Jones	7735 NW 22nd Ave. Apt. 309, Miami, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 25, 2012



Signature of a member or authorized representative of a member

Kathy E. Jones

Typed or printed name of signee

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MAY 31 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA