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12 MAY 31 PM E: 82
SECRETARY OF STATE
ALLAHASSEE, FLORID.

D. BRUCE
JUN 0 1 2012
EXAMINER

COVER LETTER

	Distinguish	Comisso Colution II C			
SUBJECT:		Services Solution LLC mited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing			
		-			
riease return an co	rrespondence concerning this mat	ter to the following.			
	•	Mathin E. Janaa			
		Kathy E. Jones Name of Person	_		
	Distir	nguish Services Solution LLC Firm/Company	_		
		Pittis Company			
	77	7735 NW 22nd Ave. Apt.309			
		Address	12		
		Miami, FL 33147			
		City/State and Zip Code	MAY 31 CRETARY LAHASSI		
•	d.:	s.solution123@gmail.com s: (to be used for future annual report notification)			
		·			
For further inform	ation concerning this matter, pleas	e call:	E: \$2 STATE LORID		
	Kathy E. Jones	at (305) 9927986	DE 2		
1	Name of Person	Area Code & Daytime Telephone Number	ber		
	k for the following amount:				
\$25.00 Filing H	ree ☐\$30.00 Filing Fee & Certificate of Status	Certific Copy Certific (additional copy is enclosed) Certific Cert	Filing Fee, cate of Status & ied Copy ional copy is enclosed)		
1	MAILING ADDRESS:	STREET/COURIER ADDRESS:	·		
Registration Section Division of Corporations		Registration Section Division of Corporations	•		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Distinguish Serv	ices Solution L	.LC		
(<u>N</u>	ame of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on				and assigned	
Florida document number	L12000066170		•		
This amendment is submitted	d to amend the following:				
A. If amending name, ente	r the new name of the limited lia	bility company her	<u>e</u> :		
The new name must be disting "L.L.C."	uishable and end with the words "Lin	nited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices	address, if applicable:			200	
(Principal office address M	UST BE A STREET ADDRESS)				
				A S	
Enter new mailing address	, if applicable:			一	
(Mailing address MAY BE A POST OFFICE BOX)				R C	
				Dmi N	
R If amending the regis	stered agent and/or registered	office address on a	our records, enter	the name of the new	
	new registered office address he		records, <u>circi</u>	the name of the new	
Name of New Regi	istered Agent:				
New Registered Of	ffice Address:				
		Enter Florida street address			
	 		, Florida		
		City		Zip Code	
Name Danistanual Amendia Ciam	atura if abanaina Danistanai Agan				

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 **Title** <u>Name</u> **Address Type of Action** Kathy E. Jones MGR 7735 NW 22nd Ave. Apt. 309, Miami, 🖬 🗸 Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 25 Dated _ Signature of a member or authorized representative of a member -Kathy E. Jones Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00