L12000174857

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATES
SECRETARY OF STATES

D. SCOTT DEC 6 2016

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ENTRAL SOLUTIONS Name of Lim	s LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KEVIN K	Name of Person SOLUTIONS LLC Firm/Company	
	PO 30	X 7537 Address	
	FLAGLER	BEACH FL 321 City/State and Zip Code	<u>36</u>
For further information c		HANGE TO EMIL ADDRESS to be used for future annual report notifica	SECRETARY OF SECRE
			SSER - H
Name o	f Person	at () Area Code Daytime To	slephone Number 57 9 48
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
77	Certificate of Status	Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a	as it now appears on our records.)
(Name of the Limited Liability Company a (A Florida Limited Liabi	ifity Company)
The Articles of Organization for this Limited Liability Company wes	re filed on 65 2012 and assigned
Florida document number <u>L12 000 074857</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
A A	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
·	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	'
	· · · · · · · · · · · · · · · · · · ·
_	ALC:
B. If amending the registered agent and/or registered office	e address on our records, enter the fame of the new
registered agent and/or the new registered office address here:	ASS C
1.	
Name of New Registered Agent:	
New Registered Office Address:	`Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Enter Florida street address
	, Florida
	City Zip Code
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

AMBR LESA KORBACH PO BOX 2537 FLAGLER BEACH 32136 Add

Remove

Change

Add

Remove

Change

Change

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Page 3 of 3

Filing Fee: \$25.00