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DEPARTMENT OF STATE

D. SCOTT APR 2 4 2017

COVER LETTER

TO:	Registration So Division of Con					
CUDIE		Solutions Consulting, LLC				
SUBJE	C1:	Name of Limit	ed Liability Company			
		`Amendment and fee(s) are submondence concerning this matter to	-			
		Rosiann C Hall				
			Name of Person			
			Firm/Company			
3605 Victoria Lakes Drive North				17		
	Address				AFR 21, PM 10: 07	AMBICH OF
Jacksonville, FL 32226					- p	CORY
	City/State and Zip Code roxyhall@vanguardsolutionsconsulting.com			\$	CORPORATIONS	
		E-mail address: (to	be used for future annual report notifi	cation)	37	SHOE
For furt	her information c	concerning this matter, please cal	1:			
Kenneth J Alexander			850 339.2788			
	Name o	of Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for t	he 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 Sta Certified Copy (additional copy is er	itus &	
		JNG ADDRESS:	STREET/COURIE Registration Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vanguard Solutions Consulting, L				
(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on oui</mark> Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L12000089353	Liability Company	were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	3605 Victoria Lakes Dr	ve North	
(Principal office address MUST BE A STRE		Jacksonville, FL 32226		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)		- Com	
B. If amending the registered agent and registered agent and/or the new registered of th	d/or registered o	ffice address on our i	ecords, enter the name of the H	
registered agent and/or the new registered o	office address her	<u>c</u> .	D: O	
Name of New Registered Agent:	Rosiann C Hall	<u> </u>	-1 :2	
New Registered Office Address:	3605 Victoria l	Lake Drive Enter Florida stree	Luddwee	
		Enter r torida strec	addiess .	
	Jacksonville	City	, Florida $\frac{32226}{Zip\ Code}$	
		Cny	zip Coae	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Samual P Hall	731 Duval Station Road	
	•	107-161	■ Remove
		Jacksonville, fl 32218	☐ Change
MGMR	Rosianna C Hall	3605 Victoria Lake Drive North	t Add
			☐ Remove
		Jacksonville, FL 32226	☐ Change
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01 a.m. on the	e earl
	optional) cafter filing.) Pursua s, this date will no

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00