

L12000118771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

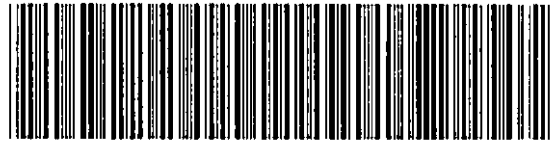
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S. TALLE  
FEB 24 2020

2020 JAN 27 AM 8:35

*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.I.U. SOLUTIONS, 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:

Ana Cheshire  
Name of Person

SIU Solutions, LLC  
Firm/Company

2255 Glades Road, suite 324A  
Address

Boca Raton, FL 33431  
City/State and Zip Code

ACHESHIRE@SIUSOLUTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Cheshire at (305) 766-5715  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

S.I.V. SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 17, 2012 and assigned  
Florida document number L12000118771

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2255 Glades Road, Suite 324A  
Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2255 Glades Road, Suite 324A  
Boca Raton, FL 33431

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ana Cheshire

New Registered Office Address:

2255 Glades Road, Suite 324A

Enter Florida street address

Boca Raton

City

Florida

33431

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.

X Ana Cheshire  
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>          | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|----------------------|------------------------------|--|
| MGR          | Cassandra H Gallegos | 2170 Rivers Bend CT.         | <input type="checkbox"/> Add               |
|              |                      | Clearwater, FL 33763         | <input checked="" type="checkbox"/> Remove |
|              |                      |                              | <input type="checkbox"/> Change            |
| MGR          | Ana Cheshire         | 2255 Glades Road, suite 324A | <input checked="" type="checkbox"/> Add    |
|              |                      | Boca Raton, FL 33431         | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 20th, 2020

X Ava Chevalier  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ana Cheshire

Typed or printed name of signee