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| (F | Requestor's Name) | |
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June 23, 2022

GUNNCHAMBERLAIN CPA FIRM, PL THE LEGAL DEPARTMENT LAURIE M. LEE 5011 GATE PARKWAY BLVD 100-100 JACKSONVILLE, FL 32256

SUBJECT: GUNNCHAMBERLAIN CPA FIRM, PL

Ref. Number: L12000119378

We have received your document for GUNNCHAMBERLAIN CPA FIRM, PL and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 422A00014192

Stacy Prather Regulatory Specialist III

COVER LETTER

| TO: | Registration Security Division of Corp | | | |
|-----------|--|--|--|---|
| CIID IE | GunnChaml | | | |
| SUBJE | CI: | Name of Limi | ted Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Laurie M. Lee | | |
| | | | Name of Person | |
| | | The Legal Department | | |
| | | | Firm/Company | |
| | | 5011 Gate Parkway Bidg 1 | 00-100 | |
| | | | | |
| | | | | |
| | | admin@thelegaldepartment | City/State and Zip Code | |
| | | | to be used for future annual report noti | fication) |
| For furt | her information c | oncerning this matter, please c | all: | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) E: Section Corporations |
| Laurie l | M. Lec | | 904 860-3111 at () | |
| | Name o | f Person | Area Code Daytim | re Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| □ \$25 | 5.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations 17 | Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI | rporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GunnChamberlain CPA Firm, PL | | 70 |
|--|---|---------------------------|
| (Name of the Limited Liabilit (A Florida | y Company as it now appears on our records.) Limited Liability Company) | CALE OR |
| The Articles of Organization for this Limited Liability Co | ompany were filed on September 12, 2018 | and assigned |
| Florida document number L12000119378 | _· | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| Financial Solution-Advisors CPA,PLLC | | |
| The new name must be distinguishable and contain the words "Limi | ited 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 ADDR | ESS) | |
| · | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the na</u> | ime of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | 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 = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| an offectiv lote: If th | date, if other than we date is listed, the date he date inserted in th 's effective date on th | e must be specific and is block does not m he Department of S | cannot be prior to date neet the applicable state's records. | of filing or more that latutory filing requ | rements, this date | g.) Pursuant to 605. e will not be liste | ed as t |
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| ecord sp is filed. | | | llen | And the second true of an arrange of a arrange of | | FALLAHASS | 2022 JUL - |
| record sp is filed. | | Signature of a r | ller | representative of m | ember | FALLAHASSEE. | 2022 JUL -6 PM 1: 40 |

Filing Fee: \$25.00