

213000030405

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(Address)

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(Business Entity Name)

(Document Number)

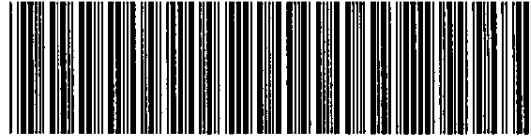
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2015 MAY 13 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 20 2015  
D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Great Moves Realty Consulting, 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:

Virginia "Ginny" Graf Bolling  
Name of Person

Great Moves Realty Consulting, LLC  
Firm/Company

6248 Peregrine Ct.  
Address

Orlando, FL 32819  
City/State and Zip Code

ginny.bolling@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia "Ginny" Graf Bolling at (321) 303-3258  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

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

Great Moves Realty Consulting, 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 originals 7/27/13 and assigned  
Florida document number L13000030465 Amended 3/18/13

This amendment is submitted to amend the following:

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

Acquisition Solutions, LLC  
The new name must be distinguishable and end with 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)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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

EFFECTIVE DATE 05/13/15

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 and AMBR	Virginia" Ginny" Bolling	6248 Peregrine Ct	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE FLORIDA

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

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E. Effective date, if other than the date of filing: May 13, 2015 (optional)  
(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

May 12

2015

Virginia "Ginny" Graf Bolling

Signature of a member or authorized representative of a member

Virginia "Ginny" Graf Bolling

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 MAY 13 PM 4:45  
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TALLAHASSEE FLORIDA