

L13000035824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

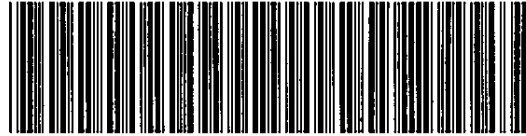
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -2 PM 4:22

FILED

MAY 05 2014

J. BRUG

Lyudmila Tereshchenko

1801 S Ocean dr, # 935

Hallandale FL 33009

513.888.0062

To Whom It May Concern;

This is the official request to change the name of my LLC company. Please change it from NEO Entertainment LLC to Trusted Solutions LLC. The rest of information is still the same.

Please don't hesitate to contact me if any questions arise.

Sincerely,



Lyudmila Tereshchenko

President

513.888.0062

Best.events.in.miami@gmail.com

RECEIVED
MAY 2 2014
MAY 2 2014
MAY 2 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2014

LYUDMILA TERESHCHENKO
1801 S OCEAN DR #935
HALLANDALE, FL 33009

SUBJECT: NEO ENTERTAINMENT LLC
Ref. Number: L13000035824

We have received your document for NEO ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "LC.", "Ltd.," and "Co."

The document number of the name conflict is P12000019022.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00008435

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TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEO ENTERTAINMENT 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:

Lyudmila Tereshchenko

Name of Person

NEO ENTERTAINMENT LLC

Firm/Company

1801 S Ocean Dr #935

Address

Hallandale FL 33009

City/State and Zip Code

best.events.in.miami@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyudmila Tereshchenko

Name of Person

at **(513) 888-0062**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED
2014 MAY - 2 PM 4: 22
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

NEO Entertainment LLC

The Articles of Organization for this Limited Liability Company were filed on 03/08/2013 and assigned
Florida document number **L13000035824**

Your Trusted Solutions LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Enter Florida street address

, Florida

City

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF SUPERIOR COURT
MIAMI-DADE COUNTY
FLORIDA

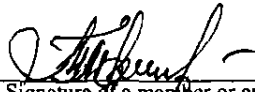
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/09/2014



Signature of a member or authorized representative of a member

Lyudmila Tereshchenko

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 MAY -2 PM 4:22
CLERK OF STATE
TALLAHASSEE FLORIDA