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(Requestor's Name)				
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ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: January 30, 2014

ORDER TIME : 3:30 PM

ORDER NO. : 985089-010

CUSTOMER NO: 7976929

DOMESTIC AMENDMENT FILING

NAME: KEYRISE SOLUTION LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER'S INITIALS:

STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:		The name of the limited liability company is: KEYRISE SOLUTION LLC		
SEC	OND:	Document to be corrected is: Articles of Organization		_
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICAB	LE STATEME	NT.
x		ins an incorrect statement. The incorrect statement, the reason the see corrected statement are as follows:	tatement is inc	orrect
	The n	ame of the entity was incorrectly stated as: KEYRISE SOLUTION LLC		_
	The e	ntity name should be amended to read: KEYRISE SOLUTIONS LLC		_
	<u>OR</u>		1 - 1	_
٦		lefectively signed. The manner in which the document was defective priate correction are as follows:	ely signed and	the.
			<u> </u>	
				_9 _9 _9
	<u>OR</u>			
	The el	ectronic transmission of the record was defective.	03/2014	1
		of Authorized Representative Date aymond, Member		_
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E062 (12/13)