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COVER LETTER

TO: Registration S Division of Co	Section orporations				
FERRIER	BUSINESS SOLUTIONS LL	C			
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	WILLIAM HOLLOWAY				
		Name of Person			
	FERRIER BUSINESS SC	DLUTIONS LLC			
		Firm/Company			
	4201 COLLINS AVENUE SUITE 2601				
		Address	 		
	MIAMI BEACH, FL 331-	40			
	williamrholloway@gmail.c	City/State and Zip Code			
	* · · · ·	to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	·			
MANAL OLIVER		305 868-7620 at()			
Name c	of Person		e Telephone Number		
Enclosed is a check for the	he 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)		
Registr	ING ADDRESS: ration Section on of Cornorations	STREET/COURI Registration Section Division of Compar	n		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FERRIER BUSINESS SOLUTIONS LLC

ARTICLES OF ORGANIZATION
OF

NESS SOLUTIONS LLC
(Name of the Limited Liability Company as it now appears on outercords.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/17/2014 Florida document number 1.14000044208 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) 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

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, <u>enter the title, name, and address of each person_being adde</u> or removed from our records:

MGR = 1 Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	WILLIAM HOLLOWAY	4201 COLLINS AVE STE 2601	
		MIAMI BEACH, FL 33140	
			≅ Remove
			Change
AMBR	WRII VENTURES, LLC	4201 COLLINS AVE STE 2601	
		MIAMI BEACH, FL 33140	Remove
			☐ Change
			□ Remove
		Change	
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change

D. II ali	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	,
	X
	x 12/15/18
(lf an e <u>Note</u>	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	February 12 2019
	MWW
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00