L14000063019

| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| SUBJEC | | tions Advisors | • | <i>•</i> | |
| | | Name of Lin | nited Liability Company | | |
| | | | | | |
| The encle | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | |
| | | Rhonda J Riggleman | | | |
| | | | Name of Person | | |
| | | Jim Lee CPA | | | |
| | Firm/Company | | | | |
| | | PO Box 2986 | | | |
| | | | Address | | |
| | | Lakeland, FL 33806 | | | |
| | | | City/State and Zip Code | | |
| | | rhonda@leeandcompany.co | | Try | |
| For furth | er information c | n-mail address: to oncerning this matter, please o | to be used for future annual report no | offication) | |
| | | oncerning this maner, prease o | | | |
| Knonua | J Riggleman | | at () | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed | l is a check for tl | ne 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 | | Street Address: Registration S | Section | | |
| | Division of C | | Division of Co | | |
| | P.O. Box 632 | .7 | The Centre of | | |
| | Tallahassee, l | FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2320 AUG 17 AU 10: 42

Retail Solutions Advisors, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Fiorida Limited) | Clability Company) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| The Articles of Organization for this Limited Liability Company | were filed on 4/17/14 and assigned | |
| Florida document number L14000063019 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L.L.C." or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | Retail Solutions Advisors c\o Jim Lee CPA | |
| (Principal office address MUST BE A STREET ADDRESS) | 500 S Florida Avenue Suite 530 | |
| | Lakeland, FL 33801 | |
| Enter new mailing address, if applicable: | Retail Solutions Advisors | |
| (Mailing address MAY BE A POST OFFICE BOX) | PO Box 2986 | |
| | Lakeland, FL 33806 | |
| 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 agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | |
| | nging 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:

| · | | | |
|-------------------|-------------|--|--|
| MCD M | | | |
| MGR = Manager | | | |
| AMBR = Authorized | l Member | | |

| <u>Title</u> | <u>Name</u> | Address 2020 AUG 17 A0.10: 42 | Type of Action |
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| Effective date if other than the date of filing: | (ontional) |
| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date o | filing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| Note: If the date inserted in this block does not meet the applicable state | utory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's records. | |
| | |
| he record specifies a delayed effective date, but not an effective time, at I | 2:01 a.m. on the earlier of: (b) The 90th day after the |
| ord is filed. | |
| August 11 2020 | |
| Dated August 11 | |
| | |
| John 1/X | |
| Signature of a member or authorized rep | resentative of a member |
| Jim D. Lee, Treasurer | |

Filing Fee: \$25.00

Typed or printed name of signee