

Division of Corporations

Page 1 of 2

4500003274

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000307497 3)))



H150003074973ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STANTON AND GASDICK, P.A.
Account Number : 075350000152
Phone : (407)423-5203
Fax Number : (407)425-4105

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Mich@GSE-Law.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 31 PM 12:07

FILED

RECEIVED

15 DEC 31 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRACTICAL SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 04 2016
J. BRUCE

(((H15000307497 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Practical Solutions, 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:

Michael J. Gasdick

Name of Person

Gasdick Stanton Early, P.A.

Firm/Company

1601 W. Colonial Drive

Address

Orlando, FL 32804

City/State and Zip Code

mick@gse-law.com

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

For further information concerning this matter, please call:

Michael J. Gasdick

407 423-5203
at ()_____
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

(((H15000307497 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 31 P 12:07

FILED

(((H15000307497 3)))

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

Practical Solutions, 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 04/10/2015 and assigned Florida document number L15000063274.

This amendment is submitted to amend the following:

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

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:

1601 W. Colonial Drive

Enter Florida street address

Orlando

City

Florida 32804

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

(((H15000307497 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H15000307497 3)))

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H15000307497 3)))

2016 DEC 1 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SECRET
OFFICE OF
THE ATTORNEY GENERAL

2015 DEC 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FBI

(b) The 90th day after the record is filed.

Dated 12/17, 2015

Signature of a member or authorized representative of a member

EDWARD Durruthy

Typed or printed name of signee