45000105691

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor						
.:.(D.12:		ESS SOLUTIONS LLC					
SUBJEC	<u></u>	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		MARTHA P PATARROY	ro				
		TAX CARE	Name of Person				
	Address TAMPA FLORIDA 33609						
		martha.patarroyo@taxearei		200			
		E-mail address: (to be used for future annual report notification)				
For furth	ner information c	oncerning this matter, please c	all:				
MARTI	IA P PATARRO)Y()	786 6316524 at ()	ione Number			
	Name o	f Person	Area Code Daytime Teleph	none Number			
Enclosed	d is a check for the	ne following amount:					
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy tadditional copy is enclosed)	3 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR BUSINESS SOLUTIONS LLC							
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)						
The Articles of Organization for this Limited Liability	y Company were filed on 6/17/2015	and a	ssigned				
Florida document number L15000105691							
This amendment is submitted to amend the following	g.						
. If amending name, enter the new name of the limited liability company here:							
The new name most be distinguishable and contain the words "I	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 AD	DRESS)						
							
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BON)							
B. If amending the registered agent and/or re		r the nam	e of the				
registered agent and/or the new registered office a	ddress here:		***				
			EXCEPT.				
Name of New Registered Agent:		ò					
		, -	y (1				
New Registered Office Address:	Enter Florida street address						
	Enter Fiorida Sirvei daaress		٠.				
<u> </u>	, Florida		- -				
	City	Zip Cod	,				

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, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MANUEL A URIBE	730 SOUTH STERLING AVE STE 205 TAMPA FLO 33609	B Add
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Tective date, if other than the effective date is listed, the date in terms of the date inserted in this bouncent's effective date on the	ast be specific a block does no	and cannot be t meet the a	pplicable				ing.) Pursua		
record specifies a delaye he 90th day after the re			ıt not ar	n effectiv	e time, at	: 12:01 a.r	n. on the	: earlie	er o
DEC 19 ted		2018	,						

Page 3 of 3

Filing Fee: \$25.00