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Certified Copies	_ Certificates	of Status
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Special Instructions to	Plling Officer:	

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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	FORENSIC:	SOLUTIONS OF FLORIDA	,	•			
,		Name of Limi	ted Liability Company				
The encloses	d Articles of A	mendment and fee(s) are subr	mitted for filing.				
Please return	ı all correspon	dence concerning this matter t	o the following:				
		JIMMY CHARLES					
			Name of Person				-
		FORENSIC SOLUTIONS	OF FLORIDA LLC				
			Firm/Company				
		P.O.BOX 7085		•	2	٤	
			Address		,		
		North Port, Fl 34290	•				
			City/State and Zip Code				
		forensicsolutionsofflorida84	- -		•		
		E-mail address: (t	o be used for future annual report	notification)			
For further i	nformation co	ncerning this matter, please ca	ill:				
ЈІММΎ СН	ARLES		954 628-261- at ()		<u>-</u>		••
	Name of	Person	Area Code Da	ytime Telephone Number	•		
Enclosed is	a check for the	c following amount:					
≣ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	.'	

Registration Section

TO:

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORENSIC SOLUTIONS OF FLORIDA 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 [1.15000128243] 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 above new principal offices address if amplicables. [1.15000128243] [1	and assigned -
Florida document number L15000128243 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 ab	. 1:19
Florida document number L15000128243 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 ab	. 1:19
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 ab	. 7: 19
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 ab	breviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
17575 SUAL CALLED	breviation "L.L.C."
13575 SUAL CARRANT	breviation "L.L.C."
13575 58th Street North	·
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Suite 200	
Clearwater, Fl 33760	
B. If amending the registered agent and/or registered office address on our records, enter the nam	ne of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
Cïn _' ·	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 agi	ree to comply with

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
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			□ Remove
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Effectiv	re date, if other than the date of filing:
Note: 1	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursitian to 603.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	uly 16 2020
Jated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Jimmy Charles Typed or printed name of signce

Filing Fee: \$25.00