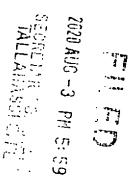
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:

	tegistration Se Division of Cor					
eud inca	FORENSIC SOLUTIONS OF FLORIDA LLC					
SUBJECT	1:	Name of Lim	ited Liability Company			
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ım all correspo	ndence concerning this matter	to the following:			
		JIMMY CHARLES				
			Name of Person	_		
		FORENSIC SOLUTIONS	OF FLORIDA LLC			
		- •	Firm/Company	_		
		PO BOX 7085				
			Address	202 555 1		
		NORTH PORT 34290	0	2020 AUG Segnera Tallai		
			City/State and Zip Code	- 3		
		forensicsolutionsofflorida84	<u> </u>	- 12 PA		
			to be used for future annual report notification)	ين كريا. دي كريا		
For further	r information co	oncerning this matter, please co	all:	图 59		
ЛММҮ С	CHARLES		954 628-2614 at ()			
	Name of	f Person	Area Code Daytime Telephone Numb	oer .		
Enclosed i	is a check for th	e following amount:				
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
	Tailing Addres		Street Address: Registration Section			
Registration Section Division of Corporations			Division of Corporations			
F	P.O. Box 632	7	The Centre of Tallahassee			
T	Callahassee F	T 32314	2415 N. Monroe Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORENSIC SOLUTIONS OF FLORIDA		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>07-28-2015</u>	and assigned
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 Liabil	ity 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)	Suite 6	
	Fort Myers, Fl 33907	2020 S.S.J.
Enter new mailing address, if applicable:		VLL AND -
•		တွင်း ထ
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	e 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.

City

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>	Name	Address	Type of Action
MGR	JIMMY CHARLES	3160 ALBENGA LANE,NORTH PORT, FL 34286	□Add
			□ Remove
			= Change
AMBR	KAREN ALLEN	1610 NAMATKA AVE,NORTH PORT, FL 34288	🗆 Add
			□Remove
			Change
			Addition of the second of the
			Change.
			□Remove
			□Change
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<u> </u>		
Note: If the date inserted in	an the date of filing:	05.0207 (I sted as th
he record specifies a delayed ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated July 30	2020	
	Signature of a member or authorized representative of a member	
	Jimmy Charles	