15000171126

(Requestor's Name)
(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.

Office Use Only



100301021141

Buy US 12 -- Diggs - 12 - ** 15 ...

17 JUL -5 AH II:49

JUL 0.7 117

COVER LETTER

Div	ision of Cor	porations		
SUBJECT;		CAL SOLUTIONS LLC		
SUBJECT,		Name of Lim	ited Liability Company	
440				
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		SIMON B HOWELL		
		. ,	Name of Person	
		HOWELL INTERNATIO	NAL TAX	
Lium-Company				· · · · · · · · · · · · · · · · · · ·
	8701 W. IRLO BRONSON MEMORIAL HWY, SQITE 100			
			Address	
	KISSIMMEE, FLORIDA 34747			
			City/State and Zip Code	
		EMMA.HOWELL@HOWI	ELLINTERNATIONALTAX.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	itormation co	oncerning this matter, please ca	ıll:	
SIMON B II	OWELL		407 245-7600	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

ANALYTICAL SOLUTIONS, LI					
(Name of the Lim	ited Liability Comp: (A Florida Limited	(ny as it now appears on our recor Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited I Florida document number $\frac{1.15000171126}{1.1000171126}$	Jability Company	were filed on 7th OCTOBER.	2015 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	Tity Company," the designation "LL.	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5640 MASTERS BLVD			
		ORLANDO			
		FLORIDA 32819			
Enter new mailing address, if applicable:		5640 MASTERS BLVD	17.7		
Mailing address MAY BE A POST OFFICE	BOX)	ORLANDO			
		FLORIDA 32819	SS U		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our record <u>e</u> :	ds. enter the name of the n		
Name of New Registered Agent:	SIMON B HO	WELL.			
New Registered Office Address:	8701 W IRLO	8701 W IRLO BRONSON MEMORIAL HWY, SUFTE 10 Enter Florida street address			
<u>-</u>					
	KISSIMMEE	F	lorida <u></u>		
		City	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 Reportered Agent, Signature of New Registered Agent

Page 1 of 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:

MGR = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Remove
			17 Junge LLAHASSE
			SET Add IT
			SEE FLOOR TO SEE STANDARD SEE S
			€ □ Change
			Remove
			Change
			Remove
			T / 1

	····	_
		
		-
		-
		_
		_
		_
		-
·		-
		_
		_
	17 y	
HAS	_ <u>⊱</u>	-
<u>se</u>	•	- 7
<u> </u>	 _	_ <u>;</u>
<u>85</u> >	- -	- ¹ -,
15	Ġ	

Page 3 of 3

Filing Fee: \$25.00