## 115000173471

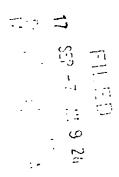
(Requestor's Name)	
(Address)	<u>                                     </u>
(Address)	<u> </u>
(nucless)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	} <del>  </del>
(Business Entity Name)	
	<u> </u>
(Document Number)	
Certified Copies Certificates of Status	
Consist leaders to Siling Office	<u>                                     </u>
Special Instructions to Filing Officer:	
	<u>                                     </u>

Office Use Only



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D. SCOTT SEP 1 3 2017

## **COVER LETTER**

٠.	ision of Corp	,	
SUBJECT:	A-LIST SOLUTIONS, LLC		
SUBJECT.		Name of I	imited Liability Company
The enclosed	d Articles of A	Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma		dence concerning this mat	ter to the following:
		ANDREA BROWN	
			Name of Person
		A-LIST SOLUTIONS	LLC
			Firm/Company
		10130 GARDEN ROSI	E CT
			Address
		ORLANDO, FL 32825	
			City/State and Zip Code
		ALLENBROWN82@G	MAIL.COM strict (to be used for future annual report notification)
For further in	nformation co	ncerning this matter, pleas	
ANDREA E			305 613-0201
Name of Person		Person	at ()  Area Code Daytime Telephone Number—
	r-unic or	1 013011	Sayana reignose ramber 2
Enclosed is a	a check for the	e following amount:	
\$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 seec, 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

A-LIST SOLUTIONS, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	Jiability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000173471	were filed on 10/12/2015 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:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10130 GARDEN ROSE CT
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32825
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
egistered agent and of the new registered office address met	<u>.</u>
Name of New Registered Agent:	- 12 - 13 - 11 - 12 - 13 - 11 - 12 - 13 - 11 - 12 - 13 - 11 - 12 - 13 - 11 - 12 - 13 - 11 - 12 - 13 - 13
New Registered Office Address:	
	Enter Florida street address
	City . Florida Zip Code S
	F-3
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with t performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

			^ D = - 3.4
		prized Member	GR= Mana ABR= Autho
Type of Action	Address	Name	t <u>le</u>
	10012 LETHBRIDGE DR	ALLEN BROWN	GR
_□ Add			
0.5	ORLANDO, FL 32829		
_■ Remove			
_□ Change			
_□ Add			
_□ Remove			
_□ Change			
_□ Add			
_□ Remove			
.□ Change			
□ Add			
Remove			
□ Change			
D Add.			
C? □ Rem <u>o</u> ye			
•			
□ Change			
□ Add			
□ Remove			

D: If amending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)
	<del> </del>
E. Effective date, if other than the date of filin (If an effective date is listed, the date must be specific an	01/01/16  g: (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of	State's records.
If the record 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 record is filed	-!
Dated August 31	2017
an B	~ ?
Signature of a	member or authorized representative of a member
ANDREA BROWN	Typed or printed name of signee
	1 yped of printed name of signee
	Page 3 of 3

Filing Fee: \$25.00