45000183719

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DIVISION OF CORPORATION 42

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COVER LETTER

	ion Section of Corporations
CAPI SUBJECT:	ITAL SOLUTIONS GROUP LLC
SOBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	YITZCHAK GROYER, CPA
	Name of Person
	YRG ACCOUNTING LLC
	Firm/Company
	118-35 QUEENS BLVD SUITE 400
	Address
	FOREST HILLS, NY 11375
	City/State and Zip Code
	YESSACCOUNTING@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further information	tion concerning this matter, please call:
YITZCHAK GROY	YER 917 701-2687
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fo	ee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \$\Bigcup \\$55.00 \text{ 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

CAPITAL SOLUTIONS GROUP 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 10/29/2015 and assigned Florida document number L15000183719 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the 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.

Çitv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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	MENDEL PERSHIN	1238 PROSPECT PLACE	
		BROOKLYN, NY 11213	■ Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional) han 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	quirements, this date will not be listed as
•	
record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	•
MAY, 14 2018	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00