116000 19633

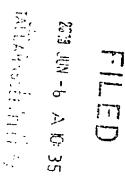
(Re	questor's Name)	
(Ad	ldress)	
		<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	≘ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600330117706

06/06/19--01004--026 **25.00



D SCOTT JUN 2 0 2019

COVER LETTER

Division of Cor		\$	
	solutions LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subt	nitted for filing.	·
	ndence concerning this matter t		and the second
	Derek Peters		TI JUN -1
	Dereks IT Solutions LLC	Name of Person	Jun -6 A 10: 35
	4120 NE 21st Place	Firm/Company	
	Cape Coral, FI 33909	Address	
	dpeters_e2@yahoo.com	City/State and Zip Code	
For further information of	E-mail address: (1 concerning this matter, please ca	to be used for future annual report notifi all:	cation)
Derek Peters		404 245-2734	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Regist	ING ADDRESS: ration Section	STREET/COURL Registration Section Division of Corpor	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-28-2016 and assigned
-28-2016 and assigned
nere:
designation "LLC" or the abbreviation "L.L.C."
designation LLC of the aboreviation L.E.C.
m-\ m
5, B
n our records, enter the name of the n
orida street address
, Florida

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 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>	<u>Address</u>	Type of Action
MGR	Daphney Peters	4120 Ne 21st Place Cape Coral Fl, 33909	
			□ Remove
			Change
			Add
			Remove
			D Change
		i W	
			Add
			Remove
			☐ Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change

						 -
	·	···				
						_
						
		····				
<u> </u>						
784						
4+2-				·		
		_				73
		•••				
					<u> </u>	NO -
		.,-,	<u>.</u>		لىن بىر-	<u>o</u> -
						D O
					- 13 75-	ബ ന
				•		<u> </u>
ective date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the E	st be specific and cannot lock does not meet the	be prior to date of applicable sta	of filing or more	than 90 days after equirements, this	tiling.) Pur	suant to 605.0 not be listed
record specifies a delaye he 90th day after the rec	d effective date, boord is filed.	out not an e	ffective tim	e, at 12:01 a	a.m. on t	he earlier
ed June 1st	2019					
Closter 1) etens	De	relifit	100		

Page 3 of 3

Filing Fee: \$25.00