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## **COVER LETTER**

TO: Registration S Division of Co			·	
SUBJECT: H & A I	nvestment Enterprise ( Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Andrew Deahn			
		Name of Person		
		Firm/Company	<del></del>	
	42 Mt. View Drive	Address	<del></del>	
	Arcade, NY 14009	City/State and Zip Code		
	Andy_deahn@yahoo.co E-mail address: ((	,	cation)	
For further information	concerning this matter, please ca	all:	. <u>}</u>	
Andrew Deahn	of Person	at (716) 523-8626 Area Code Davtime	Telephone Number	يبنين
Name	or rerson	Area Code Dayume	Telephone Number	
Enclosed is a check for	the following amount:		£ 3. →	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	D
	LING ADDRESS: stration Section	STREET/COURIE Registration Section		
	ion of Corporations	Division of Corners		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & A Investment Enterprise 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 June 21, 2016 and assigned Florida document number L16000119747 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Patriot Consulting Solutions L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6532 Sibley Street Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Navarre, FL 32566 Enter new mailing address, if applicable: 42 Mt. View Dr Arcade, NY 14009 (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 Florida City 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 Type of Action Address **Title Name** □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change \_□ Add \_□ Remove ☐ Change **□F3**√qq ← Aemove Change 1 ⊏ □ Add ■ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

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ective date, if other than the date of filing: _ i effective date is listed, the date must be specific and car te: If the date inserted in this block does not mee	nnot be prior to date	of filing or more than	90 days after filing.)	Pursuant to	605.0
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record specifies a delayed effective date The 90th day after the record is filed.	e, but not an	effective time, a	it 12:01 a.m. c	n the ea	rlier
ed July 18 , 2	2016				
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Signature of a men	nber or authorized	representative of a me	mber		-
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Page 3 of 3

Filing Fee: \$25.00