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(<i>f</i>	Address)	
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COVER LETTER

TO: Registration Se Division of Cor			
	esource Solutions		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bradley Stockdale		
		Name of Person	
	National Resource Solution	ns	
		Firm/Company	
	1711 Worthington Road St	nite 107	
		Address	
	West Palm Beach Florida 3	33409	
	<u> </u>	City/State and Zip Code	
	bradestockdale@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	ali:	
Bradley Stockdale		484 4311328	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing 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:

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

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SECRETARY ALLAHASSE	1 PH 3 49
MASSE	E.F. STATE

National Resource Solutions

(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 Compar	ny were filed on 7-20-16	and assigned
Florida document number L16000136175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 registered agent and/or the new registered office address h Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street a	uddress
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	tte performance of my dutie s provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	John Guy	7287 Davit Circle Lake Worth FL	
		33467	Remove
			Change
AMBR	Brian Hannan	7287 Davit Circle Lake Worth FL	
		33467	■ Remove
			Change
			☐ Remove
			Change ALC
			ARTAR TOF S
			FLORDE Change
			Remove
			☐ Change
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ffectiv	e date, if other than the	e date of filing: ist be specific and cannot be prior	to data of filing or more than	(optional)	made: 605 0207 (2)(
ote: I	the date inserted in this b	lock does not meet the application	able statutory filing requir	ements, this date will not	t be listed as the
		Department of State's records.			
e reco	rd specifies a delaye	d effective date, but no	t an effective time. a	t 12:01 a.m. on the	e earlier of:
	Oth day after the rec		,		
ated	9-12-17	_			
			<i>'</i>		
	/				
		Signature of a member or author	prized representative of a men	mher	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00