L16000150314

(Requ	estor's Name)	
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(City/S	State/Zip/Phone #j)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIETZ SOLUTION	S LLC		
<u> </u>			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
		<u> </u>	Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
		_	Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
		_	Officer Search
		<u> </u>	Fictitious Search
Signature	 	<u></u>	Fictitious Owner Search
5.6a.a.		<u> </u>	Vehicle Search
			Driving Record
Requested by: SETH	10/31/16	_	UCC 1 or 3 File
Name		Time	UCC 11 Search
1441116	Date		UCC 11 Retrieval
Walk-In	Will Pick Up _		Courier

COVER LETTER

		istration Sec sion of Corp			
cup icc	TOTAL	LIETZ SOL	UTIONS LLC		
SUBJEC	. l : .		Name of Lim	nited Liability Company	
The enclo	osed	Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please ret	turn	all correspon	idence concerning this matter	to the following:	
			Thomas Baur		
				Name of Person	
			Baur&Klein, PA		
				Firm/Company	
			100 N Biscayne Blvd Suite	e 2100	
				Address	
			Miami, FL, 33141		
				City/State and Zip Code	
			tbaur@worldwidelaw.com		
			E-mail address: (to be used for future annual report not	ification)
For furthe	er int	formation cor	ncerning this matter, please ca	all:	
Thomas I	Baur			305 377 3561 at ()	
		Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a	check for the	following amount:		
\$25.0	0 Fil	ing 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

LIETZ SOLUTIONS LLC				
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) mpany)			
The Articles of Organization for this Limited Liability Company were filed Florida document number L16000150314	d on08/11/2016		_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	oany here:			
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or	the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			4:-	
			3.6	
		32 20 22 20	্ৰন্	1 }
Enter new mailing address, if applicable:		ASS	w	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		m _O	_>_	<u>Lů</u>
		FLO	٠	O
		RIE	0	**
B. If amending the registered agent and/or registered office addr	ess on our records, <u>e</u>		name"	of the no
registered agent and/or the new registered office address here:	7.1			
Name of New Registered Agent:			·	
New Registered Office Address:				
E	nter Florida street address			
	, Florid			
Cin			Zin Cada	

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
AP	MAISCH, ESTHER	11635 BRIDLE PASS LANE	
		PLACIDA, FL 33946	Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Charge
			Add Add
			S Demove
			Ren O Change

tive date, if other than the da	e specific and cannot be prior to date of filing or r k does not meet the applicable statutory filir	(optional) nore than 90 days after filing.) Pursuant to 605. ng requirements, this date will not be lister
ment's effective date on the Depa	effective date, but not an effective d is filed.	time, at 12:01 a.m. on the earlie
ment's effective date on the Depa ecord specifies a delayed e		time, at 12:01 a.m. on the earlie
ecord specifies a delayed e e 90th day after the record	d is filed.	time, at 12:01 a.m. on the earlie
ecord specifies a delayed egent of the Department's effective date on the Department of the Second Se	d is filed.	in