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(Re	equestor's Name)	
	_	
(Äd	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor			
	Lietz Soluti	ons LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Petra Katharina Lietz		
			Name of Person	
		Garage Doors over Charlo		
			Firm/Company	
		18200 Paulson Dr, #6		
			Address	
		Port Charlotte, FL 33954		
			City/State and Zip Code	
		info@charlotte-doors.com	to be used for future annual report notif	Y.mri .m. V
For furthe	er information c	oncerning this matter, please c	-	icanon)
Petra Kat	harina Lietz		941 6256258 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	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:

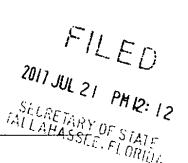
TO:

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 now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com-	pany were filed o	on <u>08.11.2016</u>	and assigned
Florida document number L16000150314			
This amendment is submitted to amend the following:			
1. If amending name, enter the new name of the limited	l liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited	Liability Company.	" the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
P. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent:	<u>s here</u> :		ds, enter the name of the new
New Registered Office Address:	<u>.</u>		
		er Florida street addre	
	,	, F	lorida Zip Code
Nam Busintaned Agent's Cigartura if shanning Designand A			Zip Code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performan it as provided fo	ce of my duties, a r in Chapter 605,	and I am familiar with and F.S. Or, if this document is
ī	f Changing Register	red 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
Secretary	Steven Thompson	1891 Argonne Ct	■ Add
		North Port, FL 34288	Remove
		Change	
			Remove 20
			201 Cange Till ED
			ORIE
·		□ Change	
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(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	07.18.2017
	Petro Kassino Kish Signature of a member or authorized representative of a member
	Petra Katharina Lietz Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00