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COVER LETTER

Registration Section

Division of Corporations

TO:

eun icze.	Accurate S	olutions, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter to the following:					
		John Holcomb			
		Accurate Solutions, LLC	Name of Person		
		16019 N Florida Avenue	Firm/Company		
			Address		
		Lutz, FL 33549	City/State and Zip Code		
		sholcomb@accurateinssolur	· ·	otification)	
For further is	nformation c	oncerning this matter, please ca	-		
John Holcor	nb		813 994-4114 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	check for the	he following amount:			
■ \$25.00 F	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)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration Sect Division of Corp		
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive C	Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accurate Solutions, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000226399	were filed on 12/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	में ट	- 6
		S
	200 200 200	
Enter new mailing address, if applicable:	in F	· 00
(Mailing address MAY BE A POST OFFICE BOX)	.2.	3 4
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	5	~ ~ ~
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	e name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	niliar with and this document is

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	John Lettelleir	452 Date Palm Court NE St. Petersburg, FL 33703	□ Add
			Remove
			□ Change
			Add
			□ Remove
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			Add SEP To Remove
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Filing Fee: \$25.00