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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 1226	+ Flagler Inv	lestment, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Am	andment and facts) are sub-	witted for filing	
		_	
Please return all corresponde	nce concerning this matter	to the following:	
	And Ldur	a Rubayna	
		Name of Person	
		Firm/Company	_
	3162 Cor	nmodre Plazy, J	oule 3 €
	Coconvt	City/State and Zip Code	
-		© IClOUD Com	otification)
For further information conc	erning this matter, please ca	ill:	
And Laura	Robaynd	at (<u>786</u>) 537	1.3037
Name of Pe	rson	Area Code Dayt	ime Telephone Number
Enclosed is a check for the fe	-		
\$ \$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:		Street Address:	Santia a
Registration Sec Division of Corp		Registration S Division of C	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, FL	32314	2415 N. Mon Tallahassee, F	roe Street, Suite 810 FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12264 Flagler Investmen timble Col Mill: 10
(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
R3 Strategic Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words "Limited Liability 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 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 Zip Code
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>	2020 Alt + 3 ATTI : 10 Address	Type of Action
MGR	Alexis Gonzalez	3162 Commodore P.1929 Coconut Grove, FL 33133	□Add
		Coconut Grove, FL 33133	_ Exemove
			□Change
MGR	Ana Laura Robayna	3162 Commodore Plaza	_ E∧dd
		Coconut Grove, FL 33132	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Note:	ve date, if other than the date of filing:
he recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	8/25/2020

. . . .

Filing Fee: \$25.00