L17000016499

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COVER LETTER

TO: Registration S Division of Co			,
IIA Solutio	ones, LLC	,	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	•
Please return all correspondent	ondence concerning this matter	to the following:	
	Anthony Liuzzi		
		Name of Person	
	IIA Solitions, LLC	Name of Person tions, LLC Firm/Company akwood rd Address on, Florida 33317 City/State and Zip Code aol.com E-nail address: (to be used for future annual report notification) ais matter, please call: at (
		Firm/Company	
	5400 Oakwood rd		
•		Address	
	Plantation, Florida 33317		,
		City/State and Zip Code	
	pi4684@aol.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Anthony Liuzzi			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

IIA Solutionsd, LLC		
(Name of the Limited Liability (A Florida L	Company as It now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 1/20/2017	and assigned
Florida document number L17000016499		
This amendment is submitted to amend the following:	, , , , , , , , , , , , , , , , , , ,	
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		SS
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records,	enter the name of the new
registered agent androg the new registered office address	55 HCT C.	
Name of New Registered Agent:	-	ORIGINA ST
New Registered Office Address:		·
	Enter Florida street address	
 _	, Flori	
	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>	Name	Address	Type of Action
MGR	Anthony Liuzzi	5400 Oakwood rd, Plantation, FL 3	
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effective date is listed, the date mu e: If the date inserted in this b	it be specific and	cannot be prior to	date of filing or	more than 90 days a	ifter filing. Pursua	nt to 605.0
ument's effective date on the D			ne statutory m	ing requirements,	this date will no	i be nsied
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ne 90th day after the rec		occ, but not	an checuve	anne, at 12.0	# G1111 OII CIIC	- carner
•						
May 31		2017				
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	Ciamatura of car	namber or author	ized representati	ve of a member		
	Signature of a r	nemor of author	ized teptesentan	C OI a IIIOIIIDOI		

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