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(Address)
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TECHNOEDER

COVER LETTER

TO: Registration Section Division of Corporations

Jupiter (thir Solutions SUBJECT: ame of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at <u>(561)</u> <u>339-3030</u> Area Code Davtime Telephone Number Ficker

Enclosed is a check for the following amount:

\$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: 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

T ARTICLES OF O O	RGANIZATION			
(Name of the Limited Liability Compa (A Florida Limited I	utions LLC ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\underline{(1700010849)}$.	were filed on $1/2317$	and	d assign	1
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ie abbreviatio	n "L.L.C	-
Enter new principal offices address, if applicable:	<u> </u>		. .	-
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			-
				-
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of		<u>ter the na</u>		<u>t</u>
registered agent and/or the new registered office address here	<u>e</u> :		ر ال 19	
Name of New Registered Agent:				ï
				_
New Registered Office Address:	Enter Florida street address	<u>. 4</u> 8		
			ໄລີ '~ ພ	
	Florida	Lip C	- Lode	-

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of </u>
VP	Codi L. Sullivan	1857 Circle Drive	🗆 Add
		1857 Circle Drive Juno Brach, F1 33408	
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E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020^o <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier c (b) The 90th day after the record is filed.

Dated _____ Signature of a member or authorized representative of a member David W e/ yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00