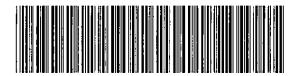
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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Walle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

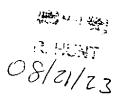
Office Use Only



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Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

	Registration So Division of Cor							
SUBJEC"		ONOMIC SOLUTION SERV	CES COMPANY, LLC					
SUBJEC	1:	Name of Lin	ited Liability Company					
The enclose	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please reti	urn all correspo	ondence concerning this matter	to the following:					
		ROGER BONIN						
Name of Person								
YOUR ECONOMIC SOLUTION SERVICES COMPANY, LLC								
		**************************************	Firm/Company					
	3433 LITHIA PINECREST ROAD SUITE 308							
			Address					
	VALRICO/FLORIDA 33596							
			City/State and Zip Code					
		ROGERYESSERVICES@						
	E-mail address: (to be used for future annual report notification)							
For furthe	r information c	oncerning this matter, please c	all:					
ROGER I	BONIN		813 2417700 at ()					
Name of Person				e Telephone Number				
Enclosed i	is a check for th	ne following amount:						
□ \$25.0	0 Filing Fee	S30.00 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)				
<u> </u>	lailing Addres	<u>s:</u>	Street Address:					

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR ECONOMIC SOLUTION SERVICES COMPANY, 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 Lia	ibility Company	were filed on $\frac{02/15}{1}$	/2017	and assigned
Florida document numberL17000040384				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the desig	mation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		923
				2023 AUG
				2
Enter new mailing address, if applicable:	N/A	** .		
Mailing address MAY BE A POST OFFICE E	N/A			
			·	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our reco	ords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	ώA.			
New Registered Office Address:	N/A			
	Enter Florida	street address		
	N/A		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>	Address	Type of Action
MGR	TOD CARANO	7208 BUCKS FORD DRIVE	🖼 Add
		RIVERVIEW, FL 33578	□Remove
,			□Change
1/A	<u> </u>	<u> </u>	□Add
			□Remove
			□Change
MA			□Add
			□Remo 28 DIVIS
, /		\(\)	□Remo®8 DIVISION OF C
V/A			DIVISION OF CORPORATION
			□Reme∰e □ □ □
r /.			Change
N/A			□Add
	\ /		☐Remove
N/A			□Change
<u>MA</u>			①Add
			□Remove
			□Change

Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)