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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A 56 Hation Processing LLC Name 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:
Edwin Lay Name of Person
Firm/Company
1077 Barress Address
City/State and Zip Code Clay 90 40 Com E-mail address/ (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 333-2434 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \&\Bigcup \\$55.00 Filing Fee \&\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Company as it now appears on our records.)	\subseteq		-
(A1	iability Company as it now appears of our records.) Plorida Limited Liability Company)			
The Articles of Organization for this Limited Liabi Florida document number <u>L 170000</u>		<u> </u>	and	assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the Solution In Vestinguishable and contain the words	tmont Group, LLC	he abbro	eviation	"L.L.C."
Enter new principal offices address, if applicable	e:			····
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:		No.	2018	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	I (A D	77;
		23	20	Britann
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en	TEP th	Panam E nam	of the new
Norma of New Paristand Asset	7	ŢW.	0.	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida street address			
-	, Florida	ì	Zip Cod	te

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
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			□ Remove
			Change
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Filing Fee: \$25.00