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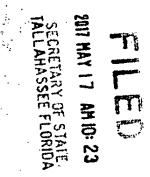
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COVER LETTER

TO: Registration S Division of Co.				
SUBJECT: <u>PUP</u>	RESH Name of Lin	SOLUTION LIC nited Liability Company	<u>. </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:	•	
	Marian	Name of Person	<u>.</u> .	
		Firm/Company		
	200 San	Abill Crone Re	7.0	
	Oslando	City/State and Zip Code		
	Y. Waz 30. E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Mariana Name o	Dio7	at (HGT) 592- Area Code Daytime	36 \ Telephone Number	
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _05\05\2013 Florida document number 177000100925 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

in amenting Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

•	•	
	Manager - Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
	·		☐ Change
			∩ Add
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Effective date, if other th	an the date of filing:ate must be specific and cannot be prior to d	ato of filing or more than 90 days after	onal) r filing A Pursuant to 605 0207
Note: If the date inserted in	this block does not meet the applicable	e statutory filing requirements, thi	s date will not be listed as
document's effective date or	the Department of State's records.		
the record specifies a de	elayed effective date, but not a	n effective time, at 12:01 a	a.m. on the earlier of
) The 90th day after th	e record is filed.		
Dated 05112	+105		general Laster
. *			X SEI
	Signature of a member or authorize	ed representative of a member	An A
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Filing Fee: \$25.00