Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000333931 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEPHEN S. MATHISON, P.A.

Account Number : I20040000071

Phone' : (561) 624-2001

Fax Number

: (561)624-0036

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: vamaya@mathisonwhittles.com

LLC REGISTERED AGENT CHANGE REGULATED SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

G)

(((H17000333931 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Roxuldod Soli	tions. LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17600127103</u> .	were filed on $\frac{C/5/2017}{}$ and assigned
This amendment is submitted to amend the following:	e e faci he
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be disphguishable and contain the words "Limited Liabil	tity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7 9EC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE, FLORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent: 560	loric T. Detton Jr. P.A
New Registered Office Address:	Parch Gerely, Florida 33418
N. D	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I firther 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.

Page 1 of 3

(((H17000333931 3)))

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 = M $AMBR = A$	fanager authorized Member	·	•
<u>Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
			Change
			D Add
			Remove
			□ Change
			Add
			□ Remove
-			SSHE A
			Some Diove
		:	A Cange
			□ Кеточе
			☐ Change
			☐ Add
			☐ Remove
			[] Change

(((H17000333931 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
SX N
E. Effective date, if other than the date of filing: (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 605,0207 (3' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 of: (b) The 90th day after the record is filed.
Dated
Signature of a member of a utinorized representative of a member Fre levic. T. De la Toronte d'anne of signee

Page 3 of 3

Filing Fee: \$25.00