

L170000139650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

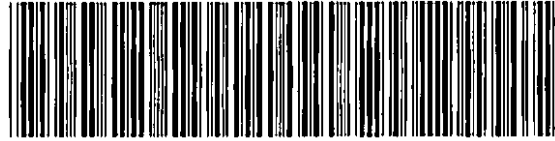
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17 JUL 19 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPT. OF REVENUE

17 JUL 19 AM 10:58

D. SCOTT  
JUL 20 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 706311 8142857

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : June 29, 2017

ORDER TIME : 9:20 AM

ORDER NO. : 706311-010

CUSTOMER NO: 8142857

DOMESTIC AMENDMENT FILING

NAME: CTR SOLUTIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
17 JUL 19 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CTR SOLUTIONS, 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 Liability Company were filed on 06/27/2017 and assigned  
Florida document number 1.17000139650.

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 "LLC" or the abbreviation "L.L.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*

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Timothy J. O'Sullivan, IV	1275 US Highway 1, Unit 2 #206, Vero Beach, FL 32960	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		125 Waterway Ln., Vero Beach 329	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 JUL 18 AM 11:00  
CLERK OF DISTRICT COURT  
ALLIANCE STREET, FLORIDA

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

Address of AMOR Timothy J. O'Sullivan, IV:

125 WATERWAY LN.

Vero Beach, FL 32963

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 605.0207 (3)(b)

**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.

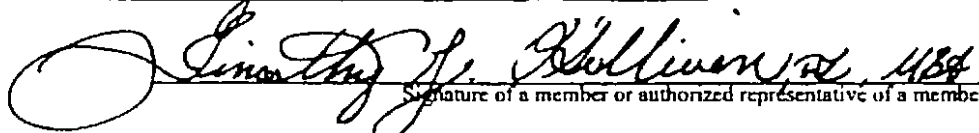
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6 June

2017

 Timothy J. O'Sullivan IV

Signature of a member or authorized representative of a member

Timothy J O'Sullivan IV

Typed or printed name of signee

INDIAN RIVER COUNTY

FLORIDA

7/6/17

Page 3 of 3

Filing Fee: \$25.00



FILED  
JUL 19 AM 11:00  
NOTARY PUBLIC  
STATE OF FLORIDA