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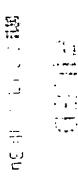
| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer;    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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## **COVER LETTER**

TO:

| TO:            | Registration Se<br>Division of Cor |  |   |  |  |
|----------------|------------------------------------|--|---|--|--|
| (**   ** * * * | . Avg                              | IPI SOLUTIONS  | LLC   |  |  |
| SUBJE          | ECT:                               |  | ited Liability Company  |  |  |
| The en         | closed Articles of                 | Amendment and fee(s) are sub   | mitted for filing.  |  |  |
| Please         | return all correspo                | ondence concerning this matter   | to the following:   |  |  |
|                |                                    |  | Sean Simonic  |  |  |
|                |                                    |  | Name of Person  |  |  |
|                |                                    | Simonic, Simo  | onic, Ratnecht & Associates   | s, Inc.  |  |
|                |                                    |  | Firm/Company  |  |  |
|                |                                    | 8750 Perimet   | er Park Blvd.   | - <del>- 1</del>   |  |
|                |                                    |  | Address   | •  |  |
|                |                                    | Jacksonville,  | FL 32216  | -<br>-   |  |
|                |                                    | simonic@simo   | City/State and Zip Code   | <del></del>  |  |
|                |                                    | _  | to be used for future annual repor                                  | t notification)  |  |
| For fur        | ther information c                 | oncerning this matter, please ca                                       | all:  |  |  |
|                | Deborah                            | Alexa  | _   | -1040  |  |
|                | Name o                             | f Person   | at ()<br>Area Code Da   | aytime Telephone Number  |  |
| Enclos         | ed is a check for th               | ne following amount:   |   |  |  |
| □ \$2:         | 5.00 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) |  |
|                | Registr<br>Divisio<br>P.O. Bo      | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | Registration S<br>Division of Co<br>Clifton Buildi                  | orporations<br>ng<br>ve Center Circle  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IPI SOLUTIO   | NS LLC  |                                       |
|---|---|---------------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | iny as it now appears on our records.) Liability Company) |                                       |
| The Articles of Organization for this Limited Liability Company Florida document numberL17000142671                   | were filed on07/03/2017                                   | and assigned                          |
| This amendment is submitted to amend the following:   |   |                                       |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                       |                                       |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the               | he abbreviation "L.L.C."              |
| Enter new principal offices address, if applicable:   |   |                                       |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <u> </u>                              |
|   |   |                                       |
|   |   | , , , , , , , , , , , , , , , , , , , |
| Enter new mailing address, if applicable:   |   | <u></u>                               |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                       |
|   |   | 12                                    |
|   |   | C                                     |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |   | ter the name of the nev               |
| Name of New Registered Agent:   |   | <del>.</del>                          |
| New Registered Office Address:  | Enter Florida street address                              | <del></del>                           |
|   |   |                                       |
| <del></del>   | , Florida   | 1<br>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    |
|--------------|------------------|---|-------------------|
| AMBR         | Timothy Beluscak | 1015 Atlantic Blvd, Suite 308<br>Atlantic Beach, FL 32233 | 🖪 Add             |
|              |                  |   | □ Remove          |
|              |                  |   | Change            |
|              |                  |   | Add               |
|              |                  |   | Remove            |
|              |                  |   | <u>:</u> □ Change |
|              | ·                | <del></del>   | ⊡ ∧dd<br>,        |
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|   |                                       |
| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than tote: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.   |                                       |
| e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.   | at 12:01 a.m. on the earlier o        |
| Signature of a member or authorized representative of a member of | mber                                  |
| Typed or printed name of signee   |                                       |

Page 3 of 3

Filing Fee: \$25.00