

L17000146042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

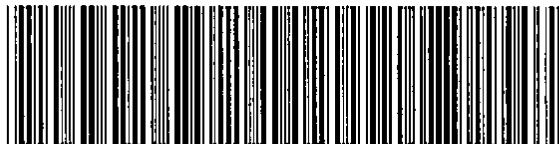
(Business Entity Name)

(Document Number)

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FILED
2017 AUG 14 AM 10:26
TATAMASSI CT 06030

AUG 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arete Solutions Direct, 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:

Daniel Holland

Name of Person

Arete Solutions

Firm/Company

244 2nd Ave N, Ste 9

Address

St Petersburg FL 33703

City/State and Zip Code

dan.holland@aretelutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Holland

Name of Person

at (727)

Area Code

330 0886

Daytime Telephone Number

Enclosed is a check for the 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)

Already sent

\$35, see cover letter

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2017

DANIEL HOLLAND
244 2ND AVE N STE 9
ST PETERSBURG, FL 33701

SUBJECT: ARETE SOLUTIONS DIRECT, LLC
Ref. Number: L17000146042

RECEIVED
2017 AUG 14 PM 3:15
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

We have received your document for ARETE SOLUTIONS DIRECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00015218

FILED
2017 AUG 14 AM 10:26
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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

Arete Solutions Direct 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 07/27/2017 and assigned
Florida document number L17000146042

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

<u>N/A</u>	FILED	2017 AUG 14	AM 10:26
<u>N/A</u>	CLERK		
<u>N/A</u>	TALENT		

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

<u>N/A</u>	FILED	2017 AUG 14	AM 10:26
<u>N/A</u>	CLERK		
<u>N/A</u>	TALENT		

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>
COO	Payel Anand	6687 Jackson Fields CT	<input checked="" type="checkbox"/> Add
		Centreville, VA 20121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 AUG 14 10:26
RELATIONS SECTION

FILE

[illegible]

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.

Dated 18 August, 2017.

Daniel Holland
Typed or printed name of signer

FILE
2017 AUG 14 AM 10:26
ST. AUGUSTINE FLORIDA
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