Division of orporation Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 61.7-6383

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN N.O.K SOLUTIONS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OLUTIONS LLC			
(A Plonda Limited (A Plonda Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on 10/09/2017	and a	ssigned	
Florida document number L17000159187		end as	rzi Ritoti	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ollity Company," the designation "LLC" or the at	obreviation "l	.L.C.	_ ·
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				_
				_
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BOX)				_
				_
				_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter	the name	of the	лет
A STATE OF THE STA	<u> </u>		D2	
Name of New Rogistered Agent:			<u> </u>	
		- <u>.</u> 5.	<u></u>	
New Registered Office Address:	Enter Florida street address			_ ;
			<u></u>	
	· Clay Florida	Zip Code	===	- :
New Registered Agent's Signature, if changing Registered Agent:	1	÷ 2	بب	•
I hereby accept the appointment as registered agent and agr	easts act in this canasin. I find an acc		ω , F	
provisions of all statutes relative to the proper and complete	performance of my duties, and I am fa	amiliae wh	h and	
accept the obligations of my position as registered agent as.	provided for in Chapter 605, FS , O_{r} :	if this does		;
being filed to merely reflect a change in the registered office	gaaress, I nereby confirm that the lim	ited liabili	ity	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
MGR	ANGELA EASON	8211 NW 44TH CT	
		LAUDERHILL, FL 33351	= Add
			R¢move
			□ Change
			D Add
			□ Remove
			Change
			
			CI Remove
			□ Change
			
			G Remove
			Change
			□ Add
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Dated		2018	<u>-</u>				
	· _ .		0 ,				
	Signature of a mer	aber or authoriz	ine II lorsent ed representativ	c of a member			
		JERMAINE.	MOMENT				

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