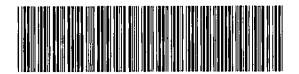
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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02/02/18--01007--003 **25.00

M. MILLIGAN FEB 02 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	Solutions ited Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Dariel	Name of Person	
		Firm/Company	
	9020	Colia Ct Address	
	Tallahass	Address City/State and Zip Code	5
		to be used for future annual report notifi	
For further information co	ncerning this matter, please ca	all:	
Daniel Co Name of	Person	at (\$50) 274 Area Code Daytime	- 4541 Telephone Number
Enclosed is a check for the	e 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	O1	7,500 mm
0 5	011.	ecords.) ALLANASSTORS TOPONTO
(Name of the Limited Li	Solutions LL(ability Company as it now appears on our r orida Limited Liability Company)	ecords.)
		CORINE
The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{212}{}$	18 and assigned
Florida document number L17000162	704.	
This amendment is submitted to amend the followin	g:	
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 A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	adress
-	City	_, Florida

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
		Name gran,	Change
			Add
		_	☐ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
			
			Remove
			7.0

Page 3 of 3	TOURDA	11: 09	
Daniel Cacter Typed or printed name of signee	- 1938 - 1938 - 1938	2	ILED
Signature of a member or authorized representative of a member	ALLAS ETAS	- 833	F
Day (SECI	18	
212/18			
e yuth day after the record is filed.			
	n. on the	earli	er of:
	ate will noi	. pe lisi	ed as the
ive date, if other than the date of filing: (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.	al) ing.) Pursua	nt to 60:	5.0207 (3)(b)
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: :	If the date inserted in this block does not meet the applicable statutory filing requirements, this diment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.r. a 90th day after the record is filed. Signature of a member or authorized representative of a member Signature of a member or printed name of signee Typed or printed name of signee	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the egoth day after the record is filed. Signature of a member or authorized representative of a member Date Carter Typed or printed name of signee	Signature of a member or authorized representative of a member Typed or printed name of signee Signature of signee Typed or printed name of signee

Filing Fee: \$25.00