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## COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: 7	-/ Solution Con	istruction Sever	es LLC
	Name of Limited L	iability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted	d for filing.	
Please return all correspond	dence concerning this matter to the	e following:	
	Textoro	Valle Soute	350
	FI Soluti	On Construction Firm/Company	Services LLC
	603 Moss pa	Address	
	•	Address	
	Kissimmee 7	= ( 3 4 7 4 3 y/State and Zip Code	
	Cit	y/State and Zip Code	
	Teoterbo	706 G mail.eun	n
	E-mail address: (to be t	used for future annual report notification	on)
For further information con	icerning this matter, please call:		
_ Trodaro	Valle Santioso	at ( $\frac{907}{\text{Area Code}}$ ) $\frac{580 - 289}{\text{Daytime Tele}}$	34.
Name of P	'erson	Area Code Daytime Tele	phone 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)

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 OF

+ ( Solution Construc	tion services LLC
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000179312</u> .	were filed on 8-22-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
TI Soluti	on multiple services LEC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	10 ME 2014
	- 0 t
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			☐ Remove
			□ Change
			Add
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			Change

, it amending any other infor	mation, enter change(s) here: (Attach additional sheets, if	necessary.)	
		<del></del>	
<del></del>			
Note: If the date inserted in thi	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 days s block does not meet the applicable statutory filing requirements e Department of State's records.	optional) after filing.) Pursuant to 605.03 , this date will not be listed	107 (1 as tl
the record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:0 record is filed.	01 a.m. on the earlier	of:
Dated	·	20	
		2017 OCT	ELEC.
<del></del>	Signature of a member or authorized representative of a member		result
	Trodoro Valle Saufidgo Typed or printed name of signee	0 PH	1
	Typed or printed name of signee		
		2: 0 <b>2</b>	

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Filing Fee: \$25.00