111000196330

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| | dress) | |
| (Ad | dress) | |
| | | |
| (Cit | :y/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | Ì |
| | | |

Office Use Only



400304023394

10/02/17--01017--027 **25.00

10/2/17

17 OCT -2 PM 12: 4:
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: | Name of Liu | nited Liability Company | |
|----------------------------|--|---|---|
| | , | , company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ANNA MANUKYAN | | |
| | · · · · · · · | Name of Person | |
| | LEGALINC CORPORAT | E SERVICES INC. | |
| | | Firm/Company | |
| | 10601 CLARENCE DR., | STE. 250 | |
| | | Address | |
| | FRISCO, TX 75033 | | |
| | | City/State and Zip Code | |
| | fitts.david7@gmail.com | to be used for future annual report notifi | |
| For further information o | concerning this matter, please co | · | Catony |
| ANNA MANUKYAN | y and the second of | 844 286-0178 | |
| Name of Person | | at () | Telephone Number |
| vanie | 1 1 0130/11 | Alea Code Daytine | reteptione volume |
| Enclosed is a check for t | he 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) |
| Registr | ING ADDRESS: ration Section on of Corporations | STREET/COURIE Registration Section Division of Corpora | 1 |

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa | OLUTIONS, LLC | | | |
|---|--|--|--|--|
| (A Florida Limited) | iny as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L17000196330}}{\text{L17000196330}}$. | were filed on 09/21/2017 | 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 Liabil | lity Company," the designation "LLC" or the abb | reviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 5531 Key West PI, Bradenton, FL 34203 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 5531 Key West Pl, Bradenton, Fl. 34203 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | he name of the ne | | |
| | | | | |
| Name of New Registered Agent: | | <u> </u> | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | FII BECKETAR | | |
| | Florida | FILE 17 OCT -2 SECKETARY (CANASSEE) | | |
| | Florida | FILED 17 OCT -2 PM 12 SECRETARY (CSTA- | | |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|----------------------|----------------|
| AMBR | David Fitts | 5531 Key West Pl | |
| | | Bradenton, F1, 34203 | □ Remove |
| | | | _ ■ Change |
| <u>_</u> | **** | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| <u>_</u> | | | Add |
| | | | Remove |
| | | | Change |
| · | | | |
| | | | ☐ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| | | | | | | |
|---|-------------------------------------|--------------------------------------|---------------------------------------|---|---|-----------------------|
| <u> </u> | | | | *** | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | - |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | SEC | 17 |
| | , | | | | ¥ | 001 |
| | | | | | <u> </u> | 72 |
| | | | | | | P |
| | | | · | | 20.7 | _ <u>\$</u> |
| | . | | | | IDA | <u>3</u> |
| | | | | | | |
| | | | | | | |
| | | | , | | | _ |
| Effective date, if other than the | date of filing | ; | | (0 | ptional) | |
| (If an effective date is listed, the date mus <u>Note:</u> If the date inserted in this bl document's effective date on the D | t be specific and ock does not m | cannot be prior t eet the applica | o date of filing o | r more than 90 days : ling requirements, | after filing.) Pursuant to this date will not be | 605.0207 listed as |
| the record specifies a delayed) The 90th day after the rec | l effective da ord is filed. | ate, but not | an effectiv | e time, at 12:0 | II a.m. on the ea | arlier of |
| Dated September 26 | | 2017 | _ · | | | |
| | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00