L17000210963

(Requestor's Name)
(Address)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO:	Registration Se Division of Cor						
emb m	Commerci	al Solutions, LLC					
SUDJE	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
	Bobby Bostick						
			Name of Person				
		MYZONE, LLC					
		Firm/Company					
		4194 Hibiscus Circle					
		Address					
		West Palm Beach, FL 33409					
		City/State and Zip Code whatisaboveisbelow1@yahoo.com					
		E-mail address: (to be used for future annual report notification)					
For furt	her information e	oneerning this matter, please c	all:				
Bobby	Bostick		561 444-5468				
	Name o	f Person	at ()	e Telephone Number			
Enclose	ed is a check for th	ne following amount:					
■ \$23	.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		STREET/COURI Registration Section Division of Corpor	on				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commercial Solutions, 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 10/11/17 and assigned Florida document number <u>L17</u>000210963 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MYZONE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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, <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>	<u>Address</u>	Type of Action
AMBR	John Darlson	2119 SE Rich St.	□ Add
		Port St. Lucie, FL 34984	<u> </u>
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			□ Remove
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(If an el <u>Note:</u>	Tective date is listed. If the date inserte	er than the date of the date must be spe- ed in this block doo ate on the Departmo	eific and cannot as not meet the	applicable statu	iling or more than 90 tory filing require	(optional)) days after filing.) Pu nents, this date wil	isuant to 605,0207 not be listed as
		a delayed effecter the record is	filed.		ective time, at	12:01 a.m. on	the earlier of
Dated	Augu	st 3	nek 20				:
	/ 1/4	<i>744 </i> 7 1844	CON				
		Signati	ire vi a member	or authorized repr	esentative of a mem	per	

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Filing Fee: \$25.00