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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	orations		\	h h
subject: <u>9 </u>	FINITY LL	ted Liability Company	OLD	
·	/ Name of Limi	ted Liability Company		
				ŀ
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	MATTHEW	Name of Person		
				. / 7 1
	9 FINIT	Y SOLUTIONS Firm/Company	LLC	NEW
	4013 L	VESTVIEW AVEN	luE_	
	WEST PALI	M BEACH, FL. City/State and Zip Code BACH @GMAIL of the obe used for future annual report notifice.	33407	
	<u> </u>	City/State and Zip Code		
	MJ EBERS.	BACH @GMAIL	COM	
			ation)	
	incerning this matter, please ca			ļ
MATTHEW EL	BERSBACH_	at (561) 222 Area Code Daytime 7	- 7545	
Name of	Person	Area Code Daytime	Felephone Number	ļ
Enclosed is a check for the				
\$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)	
	NG ADDRESS: ation Section	STREET/COURIE Registration Section	R ADDRESS:	
	n of Corporations	Division of Corporat Clifton Building	ions	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

9 FINITY L	-LC	
9 F I N I T Y L (Name of the Limited Inability Co (A Florida Lim	ompany as it now appears on outed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>レーヤフのの ス</u> 5 円	S20	[3 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited $9F/NiTV$ SoLuTio		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	tion "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	2 [
Enter new mailing address, if applicable:		0 S
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the n
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida str	eet address
	Enter Florida str City	eet address , Florida

I nereny accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 = Manager AMBR = Authorized Member Address **Type of Action** Title Name □ Add □ Remove _ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _D Add ☐ Remove _□ Change

							
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		te, but no	ot an effect	ive time, a	t 12:01 a.	m. on the e	earlier o
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	s listed, the date must inserted in this bloc tive date on the Deptities a delayed y after the reco	s listed, the date must be specific and conserted in this block does not metive date on the Department of Statesifies a delayed effective day after the record is filed.	s listed, the date must be specific and cannot be prior inserted in this block does not meet the applicative date on the Department of State's records differ a delayed effective date, but not y after the record is filed.	s listed, the date must be specific and cannot be prior to date of filin inserted in this block does not meet the applicable statutory tive date on the Department of State's records. cifies a delayed effective date, but not an effect y after the record is filed. IT ZOIT Signature of a member or authorized represent	s listed, the date must be specific and cannot be prior to date of filling or more than inserted in this block does not meet the applicable statutory filing require tive date on the Department of State's records. cifies a delayed effective date, but not an effective time, a y after the record is filed.	stisted, the date must be specific and cannot be prior to date of filling or more than 90 days after filling and this block does not meet the applicable statutory filing requirements, this of tive date on the Department of State's records. Title a delayed effective date, but not an effective time, at 12:01 a. by after the record is filed. Title 2017 Signature of a member or authorized representative of a member	stisted, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant inserted in this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ey after the record is filed. It 2017 1 2017 Signature of a member or authorized representative of a member

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