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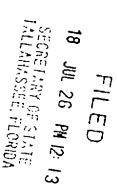
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Se Division of Cor				
eno ir	AHS Solut	ions, LLC			
SUBJE					
		Amendment and fee(s) are sub			
		Frank Strubel	•		
			Name of Person		
AHS Solutions, LLC Firm/Company					
			Address		
Redington Shores, FL 33708					
			City/State and Zip Code		
		fstrubel@gmail.com	to be used for future annual report notifi	cation)	
For furth	her information co	oncerning this matter, please ca	·	calony	
Frank S	Strubel		865 456-9707		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosee	d is a check for th	ne 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

AHS Solutions, LLC		
(<u>Name of the Limited</u>	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia		
Florida document number L17000264201	·	
This amendment is submitted to amend the follow	wing:	18 8
A. If amending name, enter the new name of t	the limited liability company here:	JUL 26
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	"ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)	
B. If amending the registered agent and/o registered agent and/or the new registered offi		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:	

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
VP	Jonathan D Strubel	242 176th Ave E. Redington Sho	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the f	st be specific and cannot be prior to date of filing or lock does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as i
the record specifies a delaye) The 90th day after the red		time, at 12:01 a.m. on the earlier of
Doted July, 23rd	2018	
Dated		
Dated		
Dated	Signature of a member or authorize representative	ve of a member

Page 3 of 3

Filing Fee: \$25.00