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COVER LETTER

TO: Registration Se Division of Cor		•	
	ONSULTANTS, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Benjamin Henein		
		Name of Person	
	IOLAR CONSULTANTS.	LLC.	
		Firm/Company	
	107 Verde Way		
		Address	
	Debary / Florida 32713		
		City/State and Zip Code	
	benjamin,henein@gmail.com E-mail address: ()	m to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Benjamin Henein		407 232-1791 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Registr	ING ADDRESS:	STREET/COURI Registration Section	on
	on of Corporations ox 6327	Division of Corpo Clifton Building	rations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IOLAR CONSULTANTS, 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 $\frac{12/29/2017}{1}$ ____ and assigned Florida document number $\frac{1.17000264440}{1.17000264440}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IOLAR SOLUTIONS, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A - NO CHANGE IN ADDRESS Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A - NO CHANGE IN 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: N/A - NO CHANGE IN REGISTRED AGENT 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.

Cirv

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			<u>*</u> □ Ghange
			□'Add
			 □'Remove
			Change
			☐ Remove
			☐ Change

IOLAR CONSULTANTS, ELC. TO IOLAR SOLUTIONS, ELC.	
	
ective date, if other than the date of filing: (opti-	onal) r filing.) Pursuant to 605.01
e: If the date inserted in this block does not meet the applicable statutory filing requirements, thi	s date will not be listed
ument's effective date on the Department of State's records.	
and provider a deleved effective data has been affective time. A 12.01	61 11
record specifies a delayed effective date, but not an effective time, at 12:01 and the specifies and the record is filed.	a,m. on the earlier
ed 2/12/2018.	(m) (m) (m) (m)
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Filing Fee: \$25.00