

418000017649

(Requestor's Name)

(Address)

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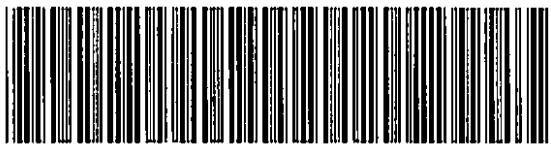
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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O. SIMMONS
JUL 28 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **COMMACK SOLUTIONS, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERYL HUNTER

Name of Person

HUNTER BUSINESS LAW

Firm/Company

119 S. DAKOTA AVENUE

Address

TAMPA, FL 33606

City/State and Zip Code

notices@hunterbusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheryl Hunter

813 867-2640

Name of Person

at (_____)

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

COMMACK 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 01/19/2018 and assigned Florida document number L18000017649.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1311 N. Westshore Boulevard

Suite 101

Tampa, FL 33607

18
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1311 N. Westshore Boulevard

Suite 101

Tampa, FL 33607

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:

N/A

New Registered Office Address:

1311 N. Westshore Boulevard, Suite 101

Enter Florida street address

Tampa

, Florida

City

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marc Sokol	1311 N. Westshore Boulevard Suite 101 Tampa, FL 33607	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JUL 23 Remove
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAIL 53

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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JUL 23 AM 11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09/04/01 BY SP/MS
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7-19-18


Signature of a member or authorized representative of a member

MARC SOKOL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00