L18 0000 32978

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Amend

JUN 1 2 2019 FALERITTON

COVER LETTER

	egistration Se ivision of Cor			•	,
	Ŷ			•	;
SUBJECT	Solutions	Possible Group, LLC			
		Name of Lim	ited Liability Co	этрапу	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filin	ıg.	
Please retu	rn all correspo	ondence concerning this matter	to the followir	ng:	
		Jody Radcliff	N. I. E		
			Name of	Person	
		Jody Radcliff CPA			
			Firm/Co	mpany	
		870 Dunlawton Avenu		.α	
		OTO DUINAVION AVENU	Addr		
		Port Orange, FL 321			
			City/State and	d Zip Code	
		admin@jodyradcliffcpa	The state of the s	iture annual report n	Actification)
For further	information c	oncerning this matter, please co		mare annuar region i	(Mineauon)
Jody Ra			at (38		
	Name o	f Person	Area	a Code Day	time Telephone Number
Enclosed is	a check for th	ne following amount:			
\$25.00		_	□ \$55 AA 1	Cilian Cas &	□ \$60.00 Eiling Foo
2 323.00	r mig r cc	☐ \$30.00 Filing Fee & Certificate of Status	Certiție	filing Fee & d Copy	☐ \$60.00 Filing Fee, Certificate of Status &
			(addition:	al copy is enclosed)	Certified Copy (additional copy is enclosed)
	MAIL	INC ADDDESS:		STREET/COU	RIER ADDRESS:
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			Registration Sec	ction	
			Division of Corp Clifton Building		
		ssee, FL 32314		2661 Executive	Center Circle
				Tallahassee, FL	32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solutions Possible Group, LLC	
(Name of the Limited Liability Co (A Florida Limi	inpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000032978</u>	pany were filed on 02/01/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	Lability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	55 Inlet Harbor Road Suite, 224
(Principal office address MUST BE A STREET ADDRESS	Ponce Inlet, FL 32127
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55 Inlet Harbor Road Suite, 224 Ponce Inlet, FL 32127
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 amendin	g Authorized Person(s) authorized t l from our records:	o manage, enter the title, name, an	d address of each person being added		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
			Add		
			☐ Remove		
			Change		
			Add		
			Remove		
			Change		
			□ Remove		
		-	Change		
			□ Add		
			☐ Remove		
			Change		
			☐ Remove		
			☐ Change		
			Add		
			□ Remove		
			Change		

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	
-	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(ble statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not a (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated 05/15	
V Can A	
Signature of a member or authoriz	ted representative of a member
Robert G. Hickman Typed or printed in	vanue of cinner
Typea or printed it	iane of signee
Page 3	of 3

Filing Fee: \$25.00