<u>L180000</u> 34017

(Requestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E&J Investment 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:
Jeffery Scott Stutler Name of Person
E3 Investment Solutions LCC Firm/Company
12620 SE 104th Terrace
Belfeview, Florida 34420-5500 City/State and Zip Code
City/State and Zip Code Jeffs+Hr 240 1 Mail: Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeff Stutter == (352) 288-0140
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	ment-Solutions	uc	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000034013</u> .	ere filed on 2-6-18	and assigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:			AZ 3S
(Principal office address MUST BE A STREET ADDRESS)			CRE.
_			ASS.
Enter new mailing address, if applicable:		P .	E, F
(Mailing address MAY BE A POST OFFICE BOX)		3.	TATE
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of th	ie new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
		Tin 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> Name <u>Address</u> **Type of Action** 12620 SE 104th Terrace XAdd

Belleview Florida 344205500

Remove

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