118000055358

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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

subject: Sou-	theinstand S	Solutions LLC	
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristophe	L. William Name of Person	1 <u>S</u>
	Southern Ag	g + Land Soly tion	ons LLC
	2355 Wen	dy Rol Address	
	Ft. Der	City/State and Zip Code	3935
	Kris willic E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	all:	
Kristopher Name o	William of Person	at (239) 433- Area Code Daytime	2974 Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURH	ER ADDRESS:

Registration Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on March 1, 2018 Florida document number 418000055358 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET 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: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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 Address Type of Action Genifer Williams 2355 Wendy Rd DAdd Ft. Denaud, FL 33935 DRemove ____ Change __ 🗆 Add _____ □ Change _□ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _____ Change

	
	<u>я</u>
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date obte: If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605,020 tutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an e	ffective time, at 12:01 a.m. on the earlier o
T 000 1 5 0 1	
The 90th day after the record is filed.	
The 90th day after the record is filed. Ited May 2 2018	2

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Filing Fee: \$25.00