## L180000 75433

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SECRETARY OF STATE

1, 2, 8

## **COVER LETTER**

TO:	Registration Sec Division of Corp							
SHRII	MRD Soluti	ions, LLC						
SUBJECT:Name of Limited Liability Company								
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspon	ndence concerning this matter	to the following:					
		Venus P. Hubbard						
		MRD Solutions, LLC	Name of Person					
		P.O. Box 2992	Firm/Company	·				
		Jacksonville, FL 3220B	Address					
		venusd@freedomexpression						
For fu	rther information co	E-mail address: (i)	to be used for future annual report notiful:	ication)				
Venus	: Hubbard		904 207-5232 at ( )					
	Name of	l Person	Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	e following amount:						
<b>■</b> \$2	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)				

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 ARTICLES OF ORGANIZATION **OF**

FILED

2018 NOV -8 PM 1:21

MRD Solutions, LLC

<u>SECRETARY OF STATE</u>

(Name of the Limited Liability Company as it now appears on our records.) AHASSEE. FL.

Florida document number L18000075433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	MRD Solutions, LLC	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 2992	
	Jacksonville, FL 32203	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:		nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a Zip Code
New Registered Agent's Signature, if changing Registered Agent	City ••	zıр Coae

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>	Type of Action
P	Venus P. Hubbard	1833 Hubbard St. Jacksonville, FL 32206	Add
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F Effective date if other than the		03/16/2018		(ontion:	al)	
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet	t the applicable	late of filing or more e statutory filing r	than 90 days after fili equirements, this da	ng.) Pursuant to 605.02 ate will not be listed a	07 (3)( as the
f the record specifies a delayed b) The 90th day after the reco	effective date ord is filed.	e, but not a	n effective tim	ne, at 12:01 a.m	n. on the earlier	of:
November 6 Dated	2	2018				
100	45					
	Signature of a men	nber or authorize	ed representative of	a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00