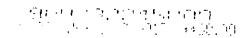
L18000075433

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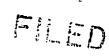
COVER LETTER

TO:

TO: Registration Sc Division of Cor			
	UTIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Venus D Hubbard		
		Name of Person	
	MRD Solutions, LLC		
		Firm/Company	
	25 N Market St		
		Address	· <u></u> -
	Jacksonvillle, FL 32203		
		City/State and Zip Code	
	Mrdsolutions917@gmail.ec		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Venus Hubbard		904 207-5232 at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	otion
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of I	lallahassee
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MRD Solutions, LLC

2022 AUG -9 AM 8: 1.0

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

SFORE The Articles of Organization for this Limited Liability Company were filed on $\frac{93/23/2018}{-}$ Florida document number L18000075433 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 "L.L.C." 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 ______, Florida _______Zip Code City

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 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>	Address	Type of Action
MGR	Ashhada Primus	5630 Alta St	
		Jacksonville, FL 32208	≅ Remove
			□ Change
MGR	Andre Clements	1702 Buckman St	
		Jacksonville, FL 32206	
			□Change
			
			□Remove
			□Change
			□Remove
		-	□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			
		<u> </u>	
			
			
			<u> </u>
			
			
Effective date, if other than (If an effective date is fisted, the date Note: If the date inserted in the document's effective date on the control of the co	must be specific and cannot be p is block does not meet the app	(option or to date of filing or more than 90 days after the plicable statutory filing requirements, this rds.	iling.) Pursuant to 605,0207 (3)(l
the record specifies a delayed effe ord is filed.	ective date, but not an effective	re time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2022		
Dateu	 ·		
1/82/11			

Typed or printed name of signee