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Special Instructions to Filing Officer:

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COVER LETTER

Div	ision of Corp	oorations				
SUBJECT:	US Online Solutions, LLC					
Sonstat.		Name of Limit	ted Liability Company			
			ained on Olive			
the enclosed	Articles of A	Amendment and fee(s) are subm	nitted for firing.			
Please return	all correspor	ndence concerning this matter t	to the following:			
		Cherie Hanley, Paralegal				
			Name of Person			
		ENGLANDER FISCHER				
Firm/Company						
		721 First Avenue North				
			Address			
		St. Petersburg, FL 33701				
			City/State and Zip Code			
		chanley@eflegal.com				
		E-mail address: (t	o be used for future annual report	notification)		
For further is	nformation co	oncerning this matter, please ca	all:			
Cherie Hanl	ey		727 898-7210 at ()	0		
	Name of	Person	Area Code Da	ytime Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION **OF**

US ONLINE SOLUTIONS, LLC				
(Name of the Limi	(A Florida Limited	any na It now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 04-09-201	8 and assigned	
Florida document number L18000089516				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
	•			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," (he designation	on "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			.
				H.A.
				~ ~
Enter new mailing address, if applicable:		32196 US Hiwy 19 Nor	th	_
Mailing address MAY BE A POST OFFICE	BOX)	Suite B		18 MAY 21 PM 3: 1/6
		Palm Harbor, FL 34684	<u> </u>	مب
				<u> </u>
B. If amending the registered agent and			ecords, enter the name of the	
registered agent and/or the new registered o	ilice address her	<u>'e</u> :		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		-
New Registered Office Address:	32196 US Hwy	19 North, Suite B		_
		Enter Florida stree	address	
	Palm Harbor		, Florida ³⁴⁶⁸⁴	-
		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.

Page 1 of 3

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
7			
			Remove
·			□ Change
			☐ Remove
	,		Change
			Add
		\	Remove
			C Change
			D Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
			DAdd
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		o
	3	151A10
	8 MAY 21	CRET
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	PM 3: ¶6	CORPORATIONS
	<u>မှ</u>	AIIO
	9	Z
F. Effective date if other than the date of filing: (optional)		
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 805 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	:.0207 (3)(b)	
Note: If the date inserted in this block does not meet the applicable statisticity fining requirement, and document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of:	
(b) The 90th day after the record is filed.		
_ May 17 2018		
Dated The Property of the Prop		
Signature of a member or authorized representative of a member		
CATERINA BAVARO CATECINA BAVACO		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00