## L1500011196

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T. MATTHEWS MAR 2 3 2022

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SUBIEAT.		SOLUTIONS LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Anthony Daviero				
		<del></del>	Name of Person	_		
		Auxilia Solutions LLC				
			Firm/Company	_		
		4111 Metric Drive, Suite 4				
			Address	_		
		Winter Park, FL 32792				
			City/State and Zip Code	<del>-</del>		
		comp@realtimepeo.com				
			to be used for future annual report notification)			
For further is	iformation c	oncerning this matter, please ca	all:			
Anthony Da	viero		407 733-3671 at ( )			
·	Name o	f Person	Area Code Daytime Telephone Numb	er		
Enclosed is a	ı check for th	ne following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
	iling Addres gistration S		Street Address: Registration Section			
		orporations	Division of Corporations			
P.C	D. Box 632	7	The Centre of Tallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUXILIA SOLUTIONS LLC

company has been notified in writing of this change.

2211714 14 3:54

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

The Articles of Organization for this Limited L Florida document number L18000111968	iability Company	were filed on $\frac{05/6}{2}$	03/2018	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:	2003 Lake Howe	ll Lane, Maitland, FL 32	751
(Principal office address MUST BE A STREI	ET ADDRESS)			
		<del>.</del>		<del></del>
Enter new mailing address, if applicable:		RealTime PEO I	ILLC % LeAnn Crane	
(Mailing address MAY BE A POST OFFICE	BOX)	1624 Greenbriar Place, Suite 200		
	<u>, </u>	Oklahoma City,	OK 73159	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	•	address on our re	cords, <u>enter the name</u>	of the new registered
New Registered Office Address:	2003 Lake How	vell Lane		
		Enter Flori	da street address	
	Maitland		Florida 327:	51
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agr	ee to act in this c	apacity. I further agre	re 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

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>	Address	Type of Action
MGR	Chris Ogboke	5317 Avenal Drive, Lutz, FL 33558	<b>■</b> Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	***************************************		□Add
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