L/8000/70725

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
	Solutions, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Elena Capps		
		Name of Person	
		Firm/Company	
	2900 Downing St.		
		Address	
	Jacksonville, FL. 32205		
		City/State and Zip Code	
	ecappsj@gmail.com	to be used for future annual report notif	
For further information	concerning this matter, please of	·	canny
Elena Capps		904 405-3144	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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 TO ARTICLES OF ORGANIZATION OF

Unscene Solutions, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 7/16/2018 and assigne
lorida document number L18000170725	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	nility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	- C. 8
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zup 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.

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
AMBR	Joshua Capps	2900 Downing St. Jacksonville, F.C. 3220S	■ Add
		 	Remove
			☐ Change
			Add
			Remove
			Change
			Add Add
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			Claring 3: 22
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			Remove
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(Factive	date, if other than	n the date of filin	.a.		(am	tional)	
an effect	ive date is listed, the da	te must be specific and	d cannot be prior	to date of filing or n	ore than 90 days aft	tional) er filing.) Pursuant to 60	05.0207
<u>lote:</u> II locument	the date inserted in t t's effective date on	his block does not r the Department of!	meet the applications. State's records.	able statutory filin	g requirements, th	nis date will not be lis	acd as
e recor The 90	rd specifies a del Oth day after the	ayed effective of record is filed.	date, but no	t an effective t	time, at 12:01	a.m. on the earl	ier of
Dated			·	·			
		<i>(</i> 8)					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00