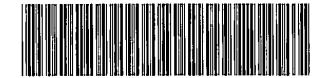
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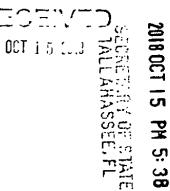
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(C	City/State/Zip/Phone	#)
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Certified Copies	Certificates	of Status
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S. PRATHER

COVER LETTER

	umSolutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Victor Marsh Stillion		
		Name of Person	
	AriumSolutions LLC		
		Firm/Company	
	951 NW Fresco Way, Apt	306	
		Address	
	Jensen Beach, Florida		
	Victor.Stillion@AriumSolu	City/State and Zip Code tions.com	
	E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please co	all:	
Victor M Stillion		614 806-1820 at ()	
Name	of Person		elephone Number
Enclosed is a check for	the 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 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

ARIUMSOLUTIONS LLC		NOC1
(Name of the Limited Liability Comp	pany as it now appears on our records. I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000178530</u>		Sand assence
This amendment is submitted to amend the following:		ţ.i
A. If amending name, enter the new name of the limited lia	bility company here:	
Arium Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	•	
(Time pur office maness most 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 of registered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	171 .	
	, F101	rida Ziv 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
			Remove
			Change
			Add
			☐ Remove
			
			
		 	☐ Remove
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E. Effective date, if other than the (If an effective date is listed, the date musure). If the date inserted in this blackment's effective date on the D	st be specific and ca lock does not me	annot be prior to date et the applicable s	of filing or more that tatutory filing requi	(optional 190 days after filing rements, this date	g.) Pursuant	to 605.020 be listed a
If the record specifies a delayed (b) The 90th day after the rec		te, but not an	effective time,	at 12:01 a.m.	. on the ϵ	earlier (
Dated October 10th		2018				
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00