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D. SCOTT DEC 1 9 2018

### **COVER LETTER**

-TO: Registration Section Division of Corporations
SUBJECT: Christys's Rusiness Solutions, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Christy's Suriness Solutions, LLE
5284 Enclish Drive
Calleland FL 33812 -
Christy Business Salutions UC & gmail. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (EG3) G14-8463  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee \& \times \\$55.00 Filing Fee \& \times \\$60.00 Filing Fee, \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (add

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Chastys's Susin	ness Solution	s LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number <u>しじさcoラフ G 8 5 9</u>		O O V and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	alutions, LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
·		_, Florida
	Ciŋ:	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.

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
			□ Add
			Remove
			☐ Change
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			Remove  G:Change
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(If an effective date is liste	her than the date of filinged, the date must be specific and orted in this block does not r	d cannot be prior to date o	of filling or more than 90 days	(optional) s after filing.) Pursuant to 6 s, this date will not be 1	505.0207 ( isted as t
document's effective	date on the Department of S	State's records.	, , ,		
	s a delayed effective of ter the record is filed.		ffective time, at 12:	01 a.m. on the ea	rlier of:
Dated De ce	where 6	. <u>3018</u> .			
	Signature of	member or authorized re	presentative of a member		
	Chin	(1)			

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Filing Fee: \$25.00