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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 24/7 Merchandising Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Paul Maldonado Name of Person
24/7 Menchandising Group LLC.
20994 Third Ave
DUNNEMON, FL. 34431 City/State and Zip Code
Pmaldonado. Pos. PR @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAUL MALDONADO at (787) 460-3/69 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scripticate of Status S55.00 Filing Fee & Certificate of Status Certif

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

24/7 Merchand	ising Group LLC	
(Name of the Limited Liabi (A Floric	llity Company as it now appears on our records.) da Limited Liability Company)	•
	Company were filed on $\frac{01/14/2019}{200}$ and :	issigned
Florida document number <u>L 190000 14</u> 53	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	tail Solutions LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation	"IL.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	325	<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	<u> </u>	5
B. It amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, enter the name dress here:	e of the new
Name of New Registered Agent:		· ~ =
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Florida	le .

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effecti fote: If t	e date is listed, ie date inserte	the date must d in this bloo	late of filing: be specific and e ck does not me partment of Sta	annot be prior to et the applical	o date of filing or r ole statutory filir	nore than 90 di	_(optional) lys after filing.) Pe nts, this date wi	ursuant to 605 Il not be liste
	specifies a th day afte			te, but not	an effective	time, at 17	2:01 a.m. on	the earlie
ated	Febru	ARY,	23 .	2019 A		>		
			91	mber or author	ized representative	e of a member		

Page 3 of 3

Filing Fee: \$25.00