L19000017536e

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/13/19--01012--011 **25.00

2019 FEB 150 AMB 8: 30 FM R: 20

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2019

CAPITAL CONNECTION, INC.

SUBJECT: GFY SOLUTIONS LLC Ref. Number: L19000017536

We have received your document for GFY SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 319A00003180 5

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 * Tallahassee, Florida 32303 (850) 224-8870 * 1-800-342-8062 * Fax (850) 222-1222

exas Hemp LLC				
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
			<u></u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	· -			Driving Record
Requested by: Seth	02/15/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
THEFT				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

Division of Corporations								
SUBJECT:	TEXAS HE	EMP						
Name of Limited Liability Company								
		Amendment and fee(s) are sub						
		DAVID MEYER						
			Name of Person					
	TEXAS HEMP							
			Firm/Company					
	4230 ARTISAN PARK UNIT 109							
	Address							
	FRISCO TEXAS							
City/State and Zip Code								
		davidmeyer@gmail.com						
		E-mail address: (to be used for future annual report notific	cation)				
For further in	formation co	oncerning this matter, please ca	all:					
DAVID ME	DAVID MEYR 813 504-4530 at ()							
Name of Person Area Code Daytime Telephone Number								
Enclosed is a	check for th	e following amount:						
□ \$25.00 Fi	iting 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

TEXAS HEMP LLC		199F
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L19000017536 This amendment is submitted to amend the following:		5 Seand assemed 0
A. If amending name, enter the new name of the limited liabi	lity company here:	
DIVERSIED SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4230 ARTISAN PARK UNIT #109	
(Principal office address MUST BE A STREET ADDRESS)	FRISCO TEXAS 75034	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	ice address on our records, <u>ente</u> :	er the name of the new
New Registered Office Address:		·
	Enter Florida street address	
	, Florida _	
	City	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>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
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			Remove
			Change
			D Add
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ective date, if other than the effective date is listed, the date in	ne date of filin	ig:	4-1	(option	al)		
e: If the date inserted in this ument's effective date on the	DIOCK GOES NOT I	meet the applica	ble statutory filing	requirements, this da	ate will not	be listed	j a
record specifies a delaye	ed effective (date, but not	an effective ti	me, at 12:01 a.n	n, on the	earlie	r
he 90th day after the re	cord is filed.				(+		
ed February 15th		0.46			D.	2019 FEB	
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Del	Muy		ized representative (IASSE	15 AH	

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO: Registration S Division of Co	ection rporations					
TEXAS H	ЕМР					
	Name of Lin	nited Liability Company				
	Amendment and fee(s) are sub					
Trouse return an correspo	ondence concerning this matter DAVID MEYER	to the following:				
	TEXAS HEMP	Name of Person				
	Firm/Company 4230 ARTISAN PARK UNIT 109					
	FRISCO TEXAS	Address				
	davidmeyer@gmail.com	City/State and Zip Code				
For further information of	E-mail address: (to be used for future annual report notif	ication)			
DAVID MEYR	mooning and matter, prease c	813 504-4530 at ()				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne 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:

Registration Section
Division of Corporations
P.O. Box 6327
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