419000038583

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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M. MILLIGAN MAR 06 2019

COVER LETTER

	Registration S Division of Co			
/11 III III		SOLUTIONS LLC		
SUBJEC	۲۱;	Name of Lim	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Parker Hanson		
		HANSON SOLUTIONS L	Name of Person L.C	
		1403 Oneco Ave	Firm/Company	
		Winter Park, Florida, 3278	Address 9	
		hansonlimited@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notit	leation)
For furth	er information	concerning this matter, please ca	all:	
Parker F	lanson		407 7391679	
_	Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed	I is a check for t	the following amount:		
\$25.0	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 PARTICLES ORGANI

HANSON SOLUTIONS LEC

(Name of the Limited Liability Company as it now appears on our records.)

(7	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number $\frac{L19000038583}{L19000038583}$	bility Company were filed on February 7 2019	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	er registered office address on our records, <u>e</u> i <u>ce address here</u> :	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	, c. 400 c.
	, Floric	la 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
MGR	Parker Hanson	1403 Oneco Ave, Winter Park, Florida, 3278	
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fan effective dat <mark>Yote:</mark> If the da	e, if other than the le is listed, the date mu ate inserted in this b fective date on the D	ist be specific and ca lock does not mee	umot be prior to date et the applicable s	of filing or more the	ın 90 days after tiling	;) Pursuant to 605	
	ecifies a delave		te, but not an	effective time,	at 12:01 a.m.	on the earli	er of:
	day after the rec						
The 90th d			·				
The 90th d		Mir	7			97 <u>9</u>	2019
		Mir	inter or authorized	representative of a n	nember	77.9. 17.7. 17.7.	2019 出稿 -

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Filing Fee: \$25.00