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COVER LETTER

	Registration Sec Division of Corp			
		ssional Solutions, LLC		
SUBJEC	:T:			
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Rebecca Gripton		
		ABC Professional Solutions	Name of Person	
		3156 Curry Woods Circle	Firm/Company	
		Orlando, FL 32822	Address	
		becky@beckygripton.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furth	er information co	oncerning this matter, please ca	all:	
Rebecc	a Gripton		407 5740253 at ()	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed)	S60.00 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

ABC Professional Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/11/2019 _ and assigned Florida document number _ L19000041928 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST 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 office address on our records, enter the fame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida __

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_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** Name Harold Gripton, JR. ΑP 10573 NOLLY TERM BJ. □ Add Remov ☐ Change Shave T. Patterin 3156 Chiny Long Cir onando Fi 32822 MPR ☐ Remove Change Rebeaca arph MGA 31Ste Cliny uscals Cic - Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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(If an e : <u>Note</u>	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 described the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605.020 nts. this date will not be listed as
he re	ecord specifies a delayed effective date, but not an effective time, at 13 ne 90th day after the record is filed.	 2:01 a.m. on the earlier o
Dated	Poleon Will.	a l

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00