119000 12/25/

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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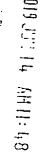
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R. WHITE JUN 2 5 2019





COVER LETTER

TO: Registratio Division of	n Section Corporations		
Linear	Solutions L.I.C.		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Matthew Liner		
	Linear Solutions L.L.C.	Name of Person	
	2723 NW Florida Ave.	Firm/Company	
	Stuart FL 34994	Address	
	mliner8278@gmail.com	City/State and Zip Code	
	E-mail address: ()	o be used for future annual report noti-	ication)
For further informati	on concerning this matter, please co	il:	
Matthew Liner		772 240-2935	
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fe	e S30.00 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:

TO:

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

OF

Linear Solutions L.L.C.	2019 JUN 14 AM 11: 47	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000121251	. 1 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liab	of the designation "EEC" or the abbreviation "EEC," 2723 NW Florida Ave.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C	
Enter new mailing address, if applicable:	2723 NW Florida Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Stuart FL 34994	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent. Signature of New Registered Agent

Enter Florido street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Add
			🗆 Remove
			Change
			O Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			O Add
			□ Remove
			□ Change

21010	tive date, if other than the date of filing:
the ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 6/11/19.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00