L19000121251

(Requestor's Name)	<u></u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	5
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Co		ν μ	-
Linear Soli SUBJECT:	ations L.L.C.		<i>;</i>
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Matthew Liner		
	 	Name of Person	
	Linear Solutions L.L.C.		
		Firm/Company	
	247 SW Riverway Blvd		
	<u> </u>	Address	· · · · · · · · · · · · · · · · · · ·
	Palm City, FL. 34990		
		City/State and Zip Code	
	mliner8278@gmail.com		<u> </u>
For further information of	e-mail address: to concerning this matter, please c	to be used for future annual report notifiall:	fication)
Matthew Liner		772 240-2935	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	L D 3 2 3 1 4	2413 N. Montos	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.70 25 74 9:58

Linear Solutions L.L.C.			
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Florida document number L19000121251	•	were filed on May 03.	2019 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designar	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	247 SW Riverway Blv	vd
(Principal office address MUST BE A STREET ADDRESS)		Palm City, FL 34990	
Enter new mailing address, if applicable:		247 SW Riverway Blv	y d
Mailing address MAY BE A POST OFFICE	E BOX)	Palm City, FL. 34990	

B. If amending the registered agent and/or agent and/or the new registered office addr		address on our record	s, enter the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	247 SW Rivery	vay Blvd	
		Enter Florida str	eet address
	Palm City		, Florida ³⁴⁹⁹⁰
		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 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
			□ Add
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in eue <u>ote:</u>	date, if other than the date of filing:	605.0207 listed as
ecore	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
ated _		
	Signature of a neinber or authorized representative of a member	-

Filing Fee: \$25.00