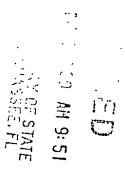
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	!
SCHACK SOLUTIONS, LLC	-
Please Debit FCA000000003 For: 25	
Please Deoft FCA000000003 Por: 23	
Thank you Seth Neeley	
Stall 1	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
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Centificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
-	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
	K SOLUTIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JOANNA ANDRADE LE	HMANN, ESQ.	
		Name of Person	
	EPGD ATTORNEYS AT	LAW, P.A.	
		Firm/Company	
	777 SW 37th AVE, SUITE	E 510	
		Address	
	MIAMI, FLORIDA 33135	;	
	JOANNA@EPGDLAW.CO	City/State and Zip Code DM to be used for future annual report not	tilication)
For further informatio	n concerning this matter, please c	ali:	
JOANNA ANDRADI	E LEHMANN	786 837-6787	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r the 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 Add		Street Address:	anti-a
Registratio Division of	n Section Corporations	Registration Sc Division of Co	
P.O. Box 6		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SCHACK SOLUTIONS, LLC			
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ed Liability Company)	i our records.)	
the Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number L20000005670	ny were filed on JANU.	ARY 8, 2020	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ability company here:		
he new name must be distinguishable and contain the words "Limited Lis	ability Company." the desig	nation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		:	
Principal office address MUST BE A STREET ADDRESS)			
			^
		SSEE,	
nter new mailing address, if applicable:		73	လ၊ <u>ကိ ၂ ကို</u>
Mailing address MAY BE A POST OFFICE BOX)			_
. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	e address on our reco	rds, <u>enter the name</u>	of the new regi
New Registered Office Address:	Enter Florida :	street address	
	isher i us kar;		
	City	, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agen	•		луг Соце

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

Title	<u>Name</u>	Address	Type of Action
AMBR	MARIA V BRAVO	6320 86TH LANE	🗆 Add
		VERO BEACH, FL 32967	≣Remove
			□Change
MGR	MARIA VICTORIA SCHACK	6320 86TH LANE	■Add
		VERO BEACH, FL 32967	□Remove
			□Change
			🗆 Add
			Remove
		(3) S (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	CO AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
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ffective date, if other than the of an effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the De	ck does not meet	the applicabl	late of filing or n	nore than 90 day ng requiremen	(optiona) is after filin its, this dat	l) g.) Pur e will	suant to 6 not be li	05.0207 isted as
		offective time	, at 12:01 a.m.	on the earlier	of: (b) - T	he 901	th day af	ter the
record specifies a delayed effective	date, but not an e	meenve une						
record specifies a delayed effective l is filed.) <u>24</u>						
record specifies a delayed effective I is filed. SEPTEMBER 20								

Filing Fee: \$25.00