L20000032012

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Tallahassee. FL 32314

	Registration Se Division of Cor		بد مر س	.di	
		utions, LLC			
SUBJECT	Т:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ren	urn all correspo	ondence concerning this matter	to the following:		
		Michael Linquist			
			Name of Person		
		MLRN Solutions, LLC			
		<u> </u>	Firm/Company		
		8481 Bower Bass Circle			
			Address	 _	
		Wesley Chapel, FL, 33545			
		City/State and Zip Code mikejlinquist@gmail.com			
			to be used for future annual report in	notification)	
For furthe	r information c	oncerning this matter, please ca	all:		
Michael I	Linquist		813 4221821 at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed	is a check for th	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 S Division of C		Registration S Division of C		
	2.O. Box 632		The Centre o		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



March 16, 2021

MICHAEL LINQUIST 8481 BOWER BASS CIR WESLEY CHAPEL, FL 33545

SUBJECT: MLRN SOLUTIONS, LLC

Ref. Number: L20000032012

We have received your document for MLRN SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 221A00005519

Sec 200

ARTICLES OF AMENDMENT TQ ARTICLES OF ORGANIZATION OF

MLRN SOLU	tions, LLC	. !
(Name of the Limit	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L. Clorida document number L. 20000032012	iability Company were filed on 1/27/20	and assigned
his amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
he new name must be distinguishable and contain the w	words "Limited Liability Company," the designation	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or r gent and/or the new registered office addre		ds, enter the name of the new register
Name of New Registered Agent:	Hayley Linquist	
New Registered Office Address:	Enter Florida st	reet address
		, Florida Zip Code
	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 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:

d " A	uthorized Member Michael Con 3/24/31 by Michael Con Mame	Address	Type of Action
1 t -	HAYLEY LINQUIST	8481 Bower Bass Circle, Wesley Chapel, FL, 33545	• Add
			□Remove
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ffecti	ve date, if other than the date of filing:
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocume	nt's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	
	01/26/21
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00