## 120000099039

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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpora	tions			
SUBJECT: FY	MANCIAL BY	Lilding Solut	nunsllC	
The enclosed Articles of Amer	ndment and fee(s) are sub	emitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
_	Fan Fan 1023	Name of Person  tax Office  Firm/Company	SECRETART	7022 AUG 17 A
-	SUPPLY Address: (	Address  City/State and Zip Code  Co	70 mg Solution)	A 9: 8 tions. Cor
For further information concer	rning this matter, please c	all:		
Jessica Name of Pers	Vasco	at (_3\$\frac{2}{\text{Area Code}} \tag{Daytime}	Telephone Number	-
Enclosed is a check for the fol	lowing amount: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Address: Registration Secti Division of Corpo		Street Address: Registration Sec Division of Cor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Francial Building (Name of the Limited Liability Company (A Florida Limited Liability Company)	Solutions (LAR AT The strength of the strength
The Articles of Organization for this Limited Liability Company will Florida document number 12000099039	ere filed on APA COCA and signed 99
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  Occ	NY C(U) S NE 1445+ Enter Florida street address  Ala, Florida 344+O  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 adde or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Phabian A. Anderson		SECRET Add T
		Dala E1-2447	Add
MGR	Cedna S SmithS/		PAGE □Add
		Ocala FC 34470	Remove
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Dated	ucus) Phe		, <u>207</u>	2.					
•	يوان .	Walcas A							
	Pru	Signature of	a member or a	uthorized repro	sentative of a n	nember			

Filing Fee: \$25.00