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(Re	questor's Name)	
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(Do	cument Number)	
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Amend

MAY 1 4 7070 ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: FIV	St Assist S Name of Limi	urajan Soluti	MS, ELC	estan
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ndence concerning this matter	to the following:		
i	CHRISTINE	Collins Name of Person	<u></u>	
	<u></u>	Firm/Company		
	7775 Fe	deral Hyway	#305K	
	Pompamo Collins FAS	Ch FL 3301 City/State and Zip Code 55 D GMULL, COV to be used for future annual report to	02 Unification)	
For further information co	oncerning this matter, please ca	ull:		
CHRISTIPE (DILINS Person	at (<u>B 56) 703</u> - Area Code Dayti	- 3590 me Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ical Solution		
(Name of the Limited Liabili (A Florid	ity Company as it now appea a Limited Liability Company)	ars oh our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L2000 1075</u>		4/20/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
			7.02
			To Significant
Enter new mailing address, if applicable:			ω <u></u> ω [
(Mailing address MAY BE A POST OFFICE BOX)			
			S C
			ır. ————————————————————————————————————
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our (records, <u>enter the n</u>	. (.)
Name of New Registered Agent:			
New Registered Office Address:	Enter El	orida street address	
	15mv4 F16	ત્ર તતા આ ૧૫૧ લાલા ૫૪૪	
	City	, Florida	Zip Code
	v ny		гір Соае

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
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<u>fote:</u> If the c	late inserted	than the date ne date must be sp in this block do on the Departn	oes not me	et the appl	icable stat	f filing or utory fil	more than 9 ing require	opti 0 days after ments, thi	onal) filing.) Pursi s date will n	iant to 605.0207 of be listed as
record speci is tiled.	ties a delaye	ed effective date	, but not a	a effective	time, at 1	2:01 a.n	i, on the ca	rlier of: (t	o) The 90tl	day after the
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		CHRIS		^						