

6/25/2020

Division of Corporations
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FISHER BROWNS, LLP
Account Number : 110180208022
Phone : (813)330-6214
Fax Number : (813)401-0556

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lbrabham@azaresradiation.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SET SOLUTION, LLC

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2020 JUN 25 AM 9:44

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. S. H. K. P.

JUN 25 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SET SOLUTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Radha Bachman

Name of Person

FisherBroyles LLP

Firm/Company

4830 W. Kennedy Blvd., Ste 600

Address

Tampa, FL 33609

City/State and Zip Code

jbrabham@tavarasradiation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radha Bachman

813
at (_____) _____

476-1409

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

SET SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1.20000158135 and assigned
Florida document number 6/12/2020

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3432 Ashton Oaks Cove

Enter Florida street address

Longwood

City

Florida 32779

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

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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

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 22 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00