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TO:

Registration Section Division of Corporations

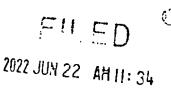
Tallahassee, FL 32314

	Financial Solutions LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Imari Sekajipo			
		Name of Person		
	New Start Financial Soluti	ons LLC		
		Firm/Company		
	7402 N 56th st ste 825			
		Address		
	Tampa/Florida 33617			
		City/State and Zip Code		
	imarisekajipo@gmail.com			
		to be used for future annual report not	itication)	
For further information	concerning this matter, please c	all:		
Imari Sekajipo		813 9986780 at ()		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:	1		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction	
Division of 0	Corporations	Division of Cor	rporations	
P.O. Box 63	P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



New Start Financial Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.) ALL AHASSEE, FI

The Articles of Organization for this Limited Liability Company	were filed on 06/10/2020	and assigned
Florida document number L20000160183		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
New Start Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7402 N 56th st Ste 825	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33617	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	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 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
			□ Remove
			□ Change
			□Add
			□Remove
			Change
		□ Ada	□ Add
			□ Remove
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fective date, if other than the d	ate of filings		(optiona	1\
π effective date is listed, the date must b	e specific and cannot be p	rior to date of filing or me	re than 90 days after filir	ng.) Pursuant to 605.0207
te: If the date inserted in this bloc	k does not meet the app	olicable statutory filing	requirements, this da	te will not be listed as
cument's effective date on the Dep	artment of State's reco	rds.		
ecord specifies a delayed effective of	late, but not an effectiv	e time, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after the
is filed.				
L 174	2022			
June 17th ted	. 2022			
	/			

Typed or printed name of signee