## L20 UUU 203682

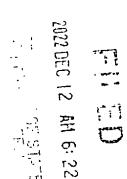
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## **COVER LETTER**

FO: Registration Se Division of Cor			
Edwin-Will			
, on, n.e	Name of Lim	ited Liability Company	•
			AUG 2 3 2022
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all correspo	ondence concerning this matter	to the following:	
	Taisha Edwin-Williams		
		Name of Person	
		Firm/Company	
	603 N Merrin St		
		Address	<del> </del>
	Plant City / FL / 33563		
		City/State and Zip Code	
	capital.e.solutions@gmail.c	om to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca		
Taisha Edwin-Williams		at (_973) _570-8442	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Edwin-Williams 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  $\frac{07/14/2020}{}$ Florida document number L20000203682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Capital E Solutions LLC The new name must be distinguishable and contain the words "Limited 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 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: Enter Florida street address \_\_, Florida \_\_\_ City

## 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:

or removed f	red from our records:				
MGR = Ma $AMBR = Au$	<ul> <li>Manager</li> <li>Authorized Member</li> </ul>				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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f amending any other informat	ion, enter change(s) here.		meers, if necessary.)	
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Effective date, if other than the fan effective date is listed, the date must	date of filing:		(optional)	
f an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Defective dat	ock does not meet the applicab	date of filing or more the ble statutory filing req	an 90 days after filing.) Pursuant uirements, this date will not b	to 605.0207 (3)(b) be listed as the
record specifies a delayed effective d is filed.	date, but not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) The 90th day	y after the
Pated August 16th	2022			
	P 1 N 1 1	1/1/		



2022 DEC 12 PM 12: 36

November 17, 2022

TAISHA EDWIN -WILLIAMS 603 N MERRIN ST PLANT CITY, FL 33563

SUBJECT: EDWIN-WILLIAMS, LLC Ref. Number: L20000203682

We have received your document for EDWIN-WILLIAMS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00025591

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