## L20000212528

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

STATE OF THE STATE	TIQ SOLUTIONS LLC		
SOBJECT:	Name of Limited Liability Company		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspon	dence concerning this matter to the following:		
	CAPRISHA LEGGETT		
	Name of Person		
	AD MAJESTIQ SOLUTIONS LLC		
	Firm/Company		
	2320 PLEASURE RUN		
	Address		
	RUSKIN FL 33570		
	City/State and Zip Code		
	ADMAJESTIQSOLUTIONS@GMAIL.COM		
	E-mail address: (to be used for future annual report notification)		
For further information co	ncerning this matter, please call:		
CAPRISHA LEGGETT	813 847-8433 at ( )		
Name of			

Mailing Address:

■ \$25.00 Filing Fee

TO:

Registration Section

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

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

☐ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD MAJESTIO SOLUTIONS 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  $\frac{7/21/2020}{1}$ Florida document number L20000212528 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 "LLC" or the abbreviation "LLC." 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

## 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.

City

, Florida \_

It 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>	<u>Address</u>	Type of Action
MGR	CAPRISHA LEGGETT	2320 PLEASURE RUN	■Add
		RUSKIN FL 33570	□ Remove
			☐ Change
			□Add
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Effective date, if other than th	e date of filing:		(opt	ional)	40 <b>6</b> 0308
f an effective date is listed, the date monotone. If the date inserted in this blocument's effective date on the light	lock does not meet the app	licable statutory filin	ore than 90 days and g requirements, th	er ming.) Pursuant t is date will not b	e listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (	b) The 90th day	after the
AUGUST II	2020	·			
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Filing Fee: \$25.00

Typed or printed name of signee