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2020 AUS -6 PM 4: 42 SECRETARY OF STATE

ma/24

COVER LETTER

TO: Registration Se Division of Cor		,	
239 SOLU			•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANA M CARRERA		
		Name of Person	
	239 SOLUTION LLC		ytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Section Corporations
		Firm/Company	
	9415 MARINO CIRCLE 7	\PT 107	
		Address	
	NAPLES, FL 34114		
•		City/State and Zip Code	
	DCYPRESSINSURANCE@	-	
		o be used for future annual report no	otification)
For further information of	concerning this matter, please ca	ill:	
DONNA MORALES		239 674-7608 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address		Street Address:	ection
Registration'Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

239 SOLUTION LLC

2020 AUG -6 PM 4: 42

If Changing Registered Agent, Signature of New Registered Agent

239 800011	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company) SEURETAIN OF STATE . TALLABASSEE, FL
The Articles of Organization for this Limited Liability Compar	
Florida document number L.20000217382	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
N/A	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9415 MARINO CIRCLE
(Principal office address MUST BE A STREET ADDRESS)	APT 107
	NAPLES, FL 34114
agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
•	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	ANA M CARRERA	9415 MARINO CIRCLE	= Add
	•	APT 107	□Remove
		NAPLES FL 34114	_
			□Add
			□Remove
			Change
			□Add
			□Remove
	-		□Change
			□Add
			Remove
			Change
			Remove
			Change
			□Add
	•		□Remove
			☐ Change

ffective date, if other than the date of filing: 07728/2020				 -	_
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