## L20000283859

(R	equestor's Name)	
(A	ddress)	··
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## **COVER LETTER**

Division of	Corporations	•
INTEI SUBJECT:	SOLUTIONS GROUP LLC	
	Name of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
	JONATHAN RODRIGUEZ	
	Name of Person	-
	Firm/Company	_
	4793 ESEDRA CT, APT 107	
	Address  LAKE WORTH, FL 33467	-
	City/State and Zip Code	-
	JRODRIGUEZ@ISGGROUP.NET	2 2
For further information	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:	2021 AFE
JONATHAN RODR	IGUEZ 561 358-1363	-9
Nai	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check f	or the following amount:	· [., • £"
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &

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

INTEL SOLUTIONS GROUP LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000283859</u> .	were filed on FEBRUARY 4, 2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
ISG FINANCIAL GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4793 ESEDRA CT. APT 107	
(Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH, FL 33467	
Enter new mailing address, if applicable:	4793 ESEDRA CT, APT 107	
(Mailing address MAY BE A POST OFFICE BOX)	LAKE WORTH, FL 33467	
	202	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registere	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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