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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations			
CHDIECT.	LW Solution	tns, LLC		•	
SUBJECT:		Name of Lin	nited Liability Company		
Th	. A →!	A	in the main		
i ne enciosed	Arucies of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Kitric Weiss			
			Name of Person		
		KWS Solutions LLC			
			Firm/Company	 	- 1. 7
		2964 Holley Point Rd.			
			Address		
		Navarre FL 32566			
			City/State and Zip Code		
		weisskitrict@botmail.com E-mail address: (to be used for future annual	report notification)
For further in	formation c	oncerning this matter, please c	all:		
Kitric Weiss			757 759	9-3468	
	Name o	f Person	Area Code	Daytime Telep	hone Number
Enclosed is a	check for th	ne following amount:			
■ \$ 25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
••	.		_		
	ling Addres gistration S		Street Ad Registra	Idress: ition Section	
_	•	orporations	-	n of Corporati	ons
	Box 632	•		ntre of Tallaha	
Tal	lahassee, F	FL 32314		Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

رين

LW Solutions LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears onted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 9/18/	2020 and assigned
Florida document number L20000294935		
This amendment is submitted to amend the following:		1997. 3 3
A. If amending name, enter the new name of the limited	liability company here	:
KWS Solutions, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our rec	ords, enter the name of the new registered
New Registered Office Address:		
	Enter Florida	street 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			□Add
			□Remove
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ctive date, if other than the effective date is listed, the date must if the date inserted in this blooment's effective date on the De	be specific and cannot be prick does not meet the app	licable statutory fi	(option more than 90 days after fing requirements, this	ling.) Pursuant to 605,020
ord specifies a delayed effective filed.	date, but not an effective	time, at 12:01 a.r.	n. on the earlier of: (b)	The 90th day after the
September 29th	2020			
-	1			
	Signature of a member or au	in		
			re at a member	

Filing Fee: \$25.00