121000153519

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	<u>e)</u>
ζ= · ·	,	•
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fi	ling Officer:	
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10/02/23--01026--001 **25.00



Y. SCOTT NOV - 2 2023



October 14, 2023

JOSHUA D. BAKER 2624 LOBELIA DR. LAKE MARY, FL 32746

SUBJECT: TARGETED INVESTMENT SOLUTIONS, LLC

Ref. Number: L21000153519

We have received your document for TARGETED INVESTMENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Letter Number: 223A00023858

Yvette Scott Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor					
Charles and Cares	nvestment Solutions, LLC				
SUBJECT:	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Joshua D. Baker				
		Name of Person			
				20	<u> </u>
		Firm/Company		2023 NOV -1 PM 3: 08	DIVISION OF CURPORATIONS
	2624 Lobelia Dr			-	Ş
		Address			.O.R.P
	Lake Mary, FL 32746			<u></u>	ORAI
		City/State and Zip Code			200
	jdbaker1373@gmail.com				
		to be used for future annual	report notification)		
For further information of	concerning this matter, please c	all:			
Joshua Baker			8-9715		
Name o	of Person	at () Area Code	Daytime Telepho	one Number	
Enclosed is a check for t	ha Callantian negatian				
	-	Clear on Pili P		e one en e	
■ \$25.00 Filing 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)	
Mailing Addre		Street Ac			
Registration Division of C			ation Section n of Corporatio	เกร	
P.O. Box 632			ntre of Tallahas		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Targeted Investment Solutions, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company	y were filed on 4-2-2021	and assigned
orida document number L21000153519		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
		202 VIII
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation LLASE
ter new principal offices address, if applicable:		V
incipal office address MUST BE A STREET ADDRESS)		
		PR RPGS
		3: 0
ter new mailing address, if applicable:		80
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office	address on our records enter th	he name of the new remisto
ent and/or the new registered office address here:	address on our records, enter to	te name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	Ciţy	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jaclynn Nielsen	3708 Messina Dr	= Add
		Lake Mary, FL 32746	□ Rеточе
			□Change
			SEERETAR OIVISMEN OF C
			PH OR
			PH 3:08
			□Change
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	Se Se	ptember 1, 20)23	£ muss	······································		
ective date, if other than the date effective date is listed, the date must be s	pecific and canno	ot be prior to d	ate of filing or me	ore than 90 days aft	tional) er filing.) Pursua	int to 605,0207 (3	Хþ
te: If the date inserted in this block of ument's effective date on the Depart			statutory filing	requirements, th	nis date will no	ot be listed as th	¢
cord specifies a delayed effective dat	e, but not an ef	Tective time.	at 12:01 a.m. c	n the earlier of: ((b) The 90th	day after the	
s filed.							
September 27	20:	23					
ed September 27	·	·					
		arke auskarien	d representative	of a member			

Filing Fee: \$25.00