621000305765

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(Address)
(Address)
(City/State/Zip/Phone #)
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A. RIVERS
JUN 2 9 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
		IDA BUSINESS SOLUTION:	S LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		JENNIFER HOUSHIYA			
			Name of Person		
	CARDINALE FINANCIAL GROUP				
Firm/Company					
23546 STATE ROAD 54					
Address					
	LUTZ, Fl. 33559				
			City/State and Zip Code		
		JENNIFERH@CARDINALECPA.COM E-mail address: (to be used for future annual report notification)			
		E-mail address: (to be used for future annual report:	notification)	
For further is	nformation co	oncerning this matter, please co	all:		
JENNIFER	HOUSHIYA		813 991-1910		
Name of Person		at () Area Code Day	time Telephone Number		
Enclosed is a	a check for th	ne following amount:			
≘ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address Registration		
		orporations	Division of (
	D. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MID-FLORIDA BUSINESS SOLUTIONS LLO			
(Name of the Limited Liability (A Florida L	Company as It now appears (imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on07/0	2/2021	and assigned
lorida document number 1.21000305765			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
CHOICE 1 COMMUNICATIONS GROUP LLC			
The new name must be distinguishable and contain the words "Limite	d Linbility Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	 .		
			21
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 rec	ords enter the name	of the new registers
 If amending the registered agent and/or registered to gent and/or the new registered office address here: 	onice address on our rec	ords, <u>circe the name</u>	3
			į.
Name of New Registered Agent:			<u> </u>
N. D. W. a.m.d (1997an Addmire)			•
New Registered Office Address:	Enter Florida street address		
	<u> </u>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
hereby accept the appointment as registered agent an rovisions of all statutes relative to the proper and con ccept the obligations of my position as registered age eing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	nplete performance of m nt as provided for in Ch	y duties, and I am f apter 605, F.S. Or,	amiliar with and if this document is
	If Changing Registered Agen	t Signature of New Dec	ristered Agent
•	it cutanking teknetten teken	e, intermediate of the wines	THE PARTY OF THE P

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
			□Add
			☐Remove .
		# % 	🖸 Change
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ective date, if other than the effective date is listed, the date mu	date of filing:			(optional)	
ic. It die date niseried in mis b	iock does not meet in	e applicable stami	ling or more than 90 day ory filing requiremen	s after filing.) Pursuant to is, this date will not be	605.0207 (3)(1 listed as the
ument's effective date on the f	epartment of State's	records,			
cord specifies a delayed effecti	w data kut not un affi	inging days are 120	N		
s filed.	re care, our not an ent	ective time, at 12%	it a.m. on the earlier	of: (b) The 90th day	after the
HAM: Ac		_			
ed JUNE, 26		3 			
 	Signature of a member	or authorized repre	sentative of a member		_
		·			

Filing Fee: \$25.00

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June 15, 2023

JENNIFER HOUSHIYA 23546 STATE ROAD 54 LUTZ, FL 33559

SUBJECT: MID-FLORIDA BUSINESS SOLUTIONS LLC

Ref. Number: L21000305765

We have received your document for MID-FLORIDA BUSINESS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000024937.

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) 245-6353.

Letter Number: 123A00013535

Alecia Rivers Regulatory Specialist III

www.sunbiz.org