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PICK-UP	☐ WAIT	MAIL
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DIVISION OF COMPONATIONS

22 APR 25 AM ID: St.

T. MATTHEWS JUN 13 2022

COVER LETTER

	istration Sec sion of Corp				
SUBJECT:	L & J Solutio				
SUBJECT.		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please return	all correspon	idence concerning this matter	to the following:		
		Jenice Bushnell			
			Name of Person		
		L & J Solutions			
			Firm/Company		
		14605 NW 232nd St			
			Address		
		High Springs, FL 32643			
		jenice@kincaid.com	City/State and Zip Code		
		E-mail address: ()	to be used for future annual i	report notification)	
For further in	formation co	ncerning this matter, please ca	ali:		
Jenice Bushn	ell		352 359	7697	
· · · · · · · · · · · · · · · · · · ·	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	e following amount:			
≡ \$25,00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address		Street Ad	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

L & S Solutions LLC

22 APR 25 AM 10 54

•Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on 02/02/2022	and assigned	
Florida document number 1.22000055960			
inis amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
N/A			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRES.	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ice address on our records, enter the na	ame of the new regist	
the state of the s			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street address		
	F7	Ziv Code	

t 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 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>	<u>Address</u>	Type of Action
MGR	Jenice Bushnell	14605 NW 232nd St, High Springs, FL 32643	
			□Remove
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this bl	lock does not meet the applicabl	late of filing or more than 90 c e statutory filing requireme	_ (optional) lays after filing.) Pursuant to 60 ents, this date will not be lis	5.020 teá a
cument's effective date on the D	epartment of State's records.			
		, at 12:01 a.m. on the earli	er of: (b) The 90th day afte	er the
	e date, but not an effective tink			
s filed.				
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ecord specifies a delayed effective is filed. ted (14/22) Lua Blum		ed representative of a member	r	