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COVER LETTER

TO:

	legistration Se Division of Cor			
01115 112 <i>0</i> 7		IT Solutions, LLC		
SUBJECT	I;	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Jonathan Gibbons		
			Name of Person	<u>_</u>
		Metovation IT Solutions, I	LLC	
			Firm/Company	<u> </u>
639 Holbrook Cir.				
			Address	
		Lake Mary/FL, 32746		
			City/State and Zip Code	
		jon@metovation.com		
For further	r information co	n-mail address: concerning this matter, please concerning this matter.	to be used for future annual report not all:	(ication)
Jonathan (Gibbons		727 612-4393 at ()	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address:	
Registration Section Division of Corporations P.O. Box 6327			Registration Se Division of Co	
			The Centre of	•
	'allahassee, I			be Street, Suite 810
			Tallahassee, Fl	_ 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metovation IT Solutions, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	
he Articles of Organization for this Limited Liability Company were filed on and assign and assign document number 12200135508.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	;	
Metovation, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	ords, enter the name of the new registere	
New Registered Office Address:	Enter Florida	street address	
	7,711.7 7 10,7 10.4	, we call the case of the case	
	City	Florida Zip Code	
Now Desintant Agent's Cignature if shapping Designand Agent.	·		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this cap performance of m provided for in Cha	w duties, and I am familiar with and apper 605, F.S. Or, if this document is	

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
			□Add
			□Remove
			Change
	*****		□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change
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Note:	ive date, if other that fective date is listed, the da If the date inserted in the ment's effective date on	this block does	not meet the app	dicable statutory	; or more than 90 d filing requireme	_ (optional) ays after filing.) Pursi nts, this date will r	uant to 605.0207 (3) not be listed as the
f the record ecord is fil	d specifies a delayed el led.	ffective date, bu	it not an effectiv	e time, at 12:01 :	a.m. on the earlic	er of: (b) The 90tl	n day after the
Dated	February 11	1	2023	1	•		
		//	·		26		
	//	Signature	of a member or as	uthorized represen	tative of a member		
	U	ŭ		•			

Filing Fee: \$25.00

Typed or printed name of signee