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COVER LETTER

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor				.•
subject: <u>ҮҮ\ДУ</u>	quishia Co	ULINS LLC ted Liability Company		
	Amendment and fee(s) are sub-			
riease return an correspo	nactice concerning this matter	to the following.		
	marquish	Name of Person		
		Firm/Company		
	20447 Bev	rywood lane		
	Tampa	FL 3364 City/State and Zip Code	<u>) </u>	
	— Q W Cast	to be used for future dimual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Mayawst Name o	na Callins	at (813) SOLI Daytime	6509 e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy fadditional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	ntus &
Mailing Addres Registration		<u>Street Address:</u> Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	27	The Centre of T	ananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Liability Company as it n	now appears on our records.)
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number <u>し </u>	led on July 13, 2000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	mpany here:
Invested Solutions L	LC
The new name must be distinguishable and contain the words "Limited Liability Comp	nany," the designation "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:	<u>ي ني ني الم</u>
(Mailing address MAY BE A POST OFFICE BOX)	THE #
Maning dudress MAT BE AT UST OFFICE BUSY	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Cin	r 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
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			□Change
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Filing Fee: \$25.00