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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Lap	is Solution	15 LLC	•
source		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	•
	Christine	Pame of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	ان ت
	10820 Bea	or Island Av	<u></u> 35
	Orland P	City/State and Zip Code	0467
	Christine @ E-mail address: (b	lapis may betty obe used for future annual report notifi	igsolutions.com
For further information c	oncerning this matter, please ca	ll:	
Christine	Haworth of Person		-9922 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Solutions LLC	
(<u>Name</u>	ne of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

(ATTIO	The filling the fill the filling of	
The Articles of Organization for this Limited Liability	v Company were filed on 1/1/2	3 and assigned
Florida document number L230000232		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		123
(Principal office address MUST BE A STREET AD	DRESS)	i i
		di .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		် အ
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		, enter the name of the new registers
	Enter Florida stre	et address
		, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my di l agent as provided for in Chapte ered office address. I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this docum e nt 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
<u>AMBR</u>	Jacqueline Hawart	n <u>722 Regency Reserve</u> (I Add
		3003	□Remove
		Napies, FL 34119	□Change
			□Add
			□Remove
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	c cut.		(optional)	
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