

L23000031281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Research and Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Harris

Name of Person

Research and Solutions, LLC

Firm/Company

449 W Silver Star Road

Address

Ocoee, FL 34761

City/State and Zip Code

contact@researchandsolutions.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Harris

Name of Person

at ( 407 )

Area Code

694-9334

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Research and Solutions, LLC**

(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 Company were filed on 01/17/23 and assigned  
Florida document number L23000031281

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

449 W Silver Star Road

Ocoee, FL 34761

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

449 W Silver Star Road

Ocoee, FL 34761

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Andrea Harris

New Registered Office Address:

449 Silver Star Road

Enter Florida street address

Ocoee

City

, Florida 34761-5002

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:

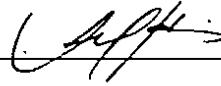
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Agent	Andrea Harris	449 W Silver Star Road	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	Northwest <i>Registered</i>	7901 4th St N STE 300	<input type="checkbox"/> Add
		St. Petersburg FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Andrea Harris	449 W Silver Star Road	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrea Harris	449 W Silver Star Road	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, Andrea Harris, am familiar  
with and accept the obligations of  
the position of registered agent.



E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 15th, 2023

  
Signature of a member or authorized representative of a member

Andrea Harris

Typed or printed name of signee

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STATE  
OF FL.