

L23000095351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

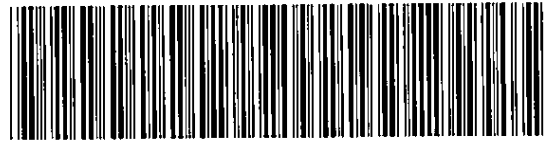
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 21 2023

Office Use Only



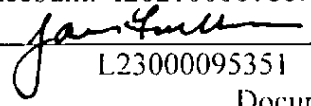
700404172747

2023 MAR 20 AM 11:02
SECRET
FALL 2023

RECEIVED
2023 MAR 20 PM 3:34
ALLIANCE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: Amount:\$25.00

Authorization Signature: 
Sessions 2 Solutions, LLC L23000095351
Business Name Document #

 Certified Copy of Articles

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability

 Domestication
 Other
 CORP
 LLLP

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTILLE
 Country

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director

 Change of Registered Agent or office
 Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Revocation of Dissolution

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: Amount:\$25.00

Authorization Signature: Jan Feller

Sessions 2 Solutions, LLC L23000095351

Business Name Document #

 Certified Copy of Articles

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability

 Domestication
 Other

 CORP
 LLLP

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTILLE
Country

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director

 Change of Registered Agent or office
 Dissolution
 Merger

 Conversion
 Amended and restated Articles
 Revocation of Dissolution

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sessions 2 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:

Warren R. Settles

Name of Person

Sessions 2 Solutions

Firm/Company

2200 N. Atlantic Avenue Unit 201

Address

Daytona Beach, FL 32118

City/State and Zip Code

mys2s@outlook.com

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

For further information concerning this matter, please call:

Warren R. Settles

at (703) 927-4059

Name of Person

Area Code

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

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

Sessions 2 Solutions, LLC

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

2023 MAR 20 AM 11:55
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on February 22, 2023 and assigned
Florida document number L23000095351.

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 "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 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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

[illegible]

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

[illegible]

F. 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 03-20, 2023

Signature of a member or authorized representative of a member

JAYLEN R. Settles
Typed or printed name of signer

Filing Fee: \$25.00