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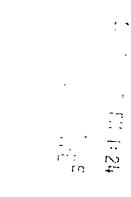
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COVER LETTER

TO: Registration S Division of Co			
SD&P FIN	IANCIAL SOLUTIONS :LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JANTRELL SIPLIN-WHI	TAKER	
		Name of Person	
P O BOX 2318			
	P O BOX 2318		
		Address	15,3
	JACKSONVILLE, FL 322	32703	
JACKSONVILLE, FL 32202 32703 City/State and Zip Code		>5 d)	
	E-mail address: (to be used for future annual report notification	(nc)
For further information of	concerning this matter, please ca	all:	
JANTRELL SIPLIN		346 639-6441	ं हों 🚓
Name o	of Person	at () Area Code Daytime Tele	ephone Number
Enclosed is a check for t	he 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

SD&P FINANCIAL SOLUTIONS LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on 2/23/23 and assigned
Florida document number L23000097365	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
SIPLIN SOLUTIONS LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	ni F
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City 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 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 <u>T</u>	ype of Action
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			Remove
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		<u>†</u>
fective date, if other than the date of filing:	(optional)	
n 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 605.02
ite: If the date inserted in this block does not meet the applicable significant in the date inserted in the Department of State's records.	latutory filing requirements, this date	will not be listed
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ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) Th	e 90th day after th
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Typed or printed name of signee