## 123000238948

(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:	ú	<i>O</i> 1
Special Instructions to Filing Officer:  Mary Har gove anthoxise  to add LL.C. to run rame  dec 8/3	-	
Office Use Only		



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2023 JUN -6 AHII: 39 SECRETARY OF STATE

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## **COVER LETTER**

	gistration Se vision of Cor						
SUBJECT:		SOLUTION L.L.C.					
зовянет.		Name of Limit	ed Liability Company		-		
The enclose	d Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return	n all correspo	ndence concerning this matter to	o the following:				
		Mary Hall					
			Name of Person		_		
		Ideas to Solutions					
			Firm/Company				
		330 42nd Ave S			91. 1033	2023 JUN -6	
		<del></del>	Address	· · · · · · · · · · · · · · · · · · ·		HIOT.	62 F
		St Peterburg, FL 33705			芸芸		9
		·	City/State and Zip Code			AH II: 39	, es (4.8)
		programManagerHall@outlo				<del></del> ω	WE:
Don truth or	la Comunication		o be used for future annual rep	ort notification)	1	9	
	intormation c	oncerning this matter, please ca					
Mary Hall			917 690 5 at ()	7344			
	Name o	f Person	Area Code	Daytime Telephone Num	ber		
Enclosed is	a check for th	ne following amount:					
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certifi	Filing Fedicate of State of Copy on all copy is e	atus &	
	uiling Addres		Street Addi				
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDEAS TO SOLUTION L.L.C.		.n. E
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L23000238948.		and assigned
This amendment is submitted to amend the following		and assigned
A. If amending name, enter the new name of the	limited liability company here:	,,
IDEAS TO SOLUTIONS した。		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.1C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the</u> re:	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Anthorized 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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
****			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Typed or printed name of signee

Filing Fee: \$25.00