## L 2 5000 50 2 8 2 7

| 10          |
|-------------|
| e #)        |
| MAIL        |
| me)         |
|             |
| s of Status |
|             |
|             |
|             |
| i           |
|             |
|             |





000419217010

11/21/23--01026--023 \*\*15.00

## **COVER LETTER**

TO:

| TO:          | Registration Se<br>Division of Cor |  |   |   |
|--------------|------------------------------------|--|---|---|
|              |                                    | ro Solutions LLC                             |   |   |
| SHRII        | ECT:                               |  |   |   |
|              | <u></u>                            | Name of Lim                                  | ited Liability Company  | <del> </del>  |
| The en       | closed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please       | return all correspo                | ondence concerning this matter               | to the following:   |   |
|              |                                    | Nathaniel lopez                              |   |   |
|              |                                    |  | Name of Person  | <u> </u>  |
|              |                                    | Complete Pro Solutions LI                    | .C  |   |
|              |                                    |  | Firm/Company  | <del>-</del>  |
|              |                                    | 204 Buttonwood Drive                         |   |   |
|              |                                    |  |   | ~}  |
|              |                                    | 1.2270                                       | Address   | : '-  |
|              |                                    | Longwood 32779                               |   | % T   |
|              |                                    | <del></del>                                  | City/State and Zip Code   |   |
|              |                                    | lnfo@completeprosolutions                    | .com  | •   |
|              |                                    | E-mail address: (                            | to be used for future annual report noti                            | fication)   |
| For fur      | ther information c                 | oncerning this matter, please co             | all:  | ດ.<br>ົ   |
|              | niel Lopez                         | 3  | 321 2465993   |   |
|              | r                                  |  | at ()   |   |
|              | Name o                             | f Person                                     |   | e Telephone Number  |
| Enclos       | ed is a check for t                | ne following amount:                         |   |   |
| <b>■</b> \$2 | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|              | Mailing Addres Registration 9      |  | Street Address:<br>Registration Se                                  | ction   |
|              | Division of C                      |  | Division of Cor   |   |
|              | P.O. Box 632                       | .7   | The Centre of T   | Tallahassee   |
|              | Tallahassee, l                     | FL 32314                                     | 2415 N. Monro   | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Complete Pro Solutions LLC   |   |                                       |
|--|---|---------------------------------------|
| (Name of the Limited I   | iability Company as it now appears on our<br>florida Limited Liability Company) | records.)                             |
| he Articles of Organization for this Limited Liabi<br>1,23000502827<br>Iorida document number        |   | and assigned                          |
| nis amendment is submitted to amend the following  | ng:   |                                       |
| . If amending name, enter the new name of the  | e limited liability company here:   |                                       |
| ne new name must be distinguishable and contain the words  | "Limited Liability Company," the designation                                    |                                       |
| nter new principal offices address, if applicable  | p•  |                                       |
| Principal office address MUST BE A STREET A  |   |                                       |
| THE PARTY OF THE TANKE ETT   |   |                                       |
|  |   | · · · · · · · · · · · · · · · · · · · |
| nton nous moiling address if anniaghly   |   | _                                     |
| nter new mailing address, if applicable:   |   | <del></del>                           |
| Mailing address MAY BE A POST OFFICE BO  | <u></u>   | <u> </u>                              |
|  |   |                                       |
| . If amending the registered agent and/or registered office address h  Name of New Registered Agent: |   | enter the name of the new registe     |
| Name Devictored Office Address   |   |                                       |
| New Registered Office Address:   | Enter Florida stree   | t address                             |
|  |   | Clarida                               |
| -  | City  | , Florida<br>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> | Name              | Address                             | Type of Action |
|--------------|-------------------|-------------------------------------|----------------|
| MGR          | Penny L. Woodruff | 1357 Maumee Street Orlando FL 32828 | 🗏 Add          |
|              |                   |                                     | □Remove        |
|              |                   | <del></del>                         | □Change        |
|              |                   |                                     | □Add           |
|              |                   |                                     | □Remove        |
|              |                   |                                     | □Change        |
|              |                   |                                     | □Add           |
|              |                   |                                     | □Remove        |
|              |                   |                                     | □Change        |
| <u>.</u>     |                   |                                     |                |
|              |                   |                                     | □Remove        |
|              |                   |                                     | □Change        |
|              |                   |                                     | □Add           |
|              |                   |                                     | □Remove        |
|              |                   |                                     | □Change        |
|              |                   |                                     | 🗆 Add          |
|              |                   |                                     | □Remove        |
|              |                   |                                     | D.Cl.          |

| <del></del>                                     |  |   |
|---|--|---|
|   |  |   |
|   | <del></del>  |   |
|   |  | <del></del>                                     |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  | <del></del>                                     |
| ···   |  |   |
|   |  |   |
|   |  | <u> </u>  |
|   |  |   |
|   |  |   |
|   | · · · · · · · · · · · · · · · · · · ·  | <del></del>                                     |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| ffective date, if other than th                 | e date of filing:  st be specific and cannot be prior to date of filing or m                                 | (optional)                                      |
|   | ist be specific and cannot be prior to date of filing or males does not meet the applicable statutory filing |   |
| ocument's effective date on the l               |  | g requirements, this date will not be listed a. |
|   |  |   |
| record specifies a delayed effecti<br>is filed. | we date, but not an effective time, at 12:01 a.m. o  | on the earlier of: (b) The 90th day after the   |
| November 15                                     | 2023   |   |
| ated  |  |   |
|   |  |   |
|   |  |   |
|   | Signature of a member or authorized representative   |   |

Filing Fee: \$25.00