L23000560374

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co				
FN SOLU	TIONS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Faisal Baig			
	_	Name of Person		
	FN SOLUTIONS, LLC			
		Firm/Company	 	
	4907 Topsail Drive			
		Address		
	Nokomis, FL 34275			
		City/State and Zip Code		
	fbaig.consults@gmail.cor			
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)	
Faisal Baig		941 323-7322		
Name of Person			ne Telephone Number	
Enclosed is a check for the	ne following amount:		-	
□ \$25.00 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		Street Address:	uution	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FN 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 December 21, 2023	and assigned
Florida document number L23000560374	
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 t	he 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, <u>enter the ragent and/or the new registered office address here:</u>	name of the new register
agent una or the new regimered orner underess nere.	:
Name of New Registered Agent:	-
New Registered Office Address:	
Enter Florida street address	
. Florida	1

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.

Cirv

Zip Code ≤ 1

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>	Type of Action
MGR	Nilofer Khatri	4907 Topsail Drive	
		Nokomis. FL 34275	🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add. `
			□Remove
			□Add :
			□Remove
			□Change
			□Add
			□Remove
			□ Chanus

Only adding a new manager.					
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	January 7,	2024			-
fective date, if other than the date of a effective date is listed, the date must be speci	filing:	to date of filing or n	(opt	ional)	05 020
ote: If the date inserted in this block does	not meet the applic	able statutory filir	ig requirements, th	is date will not be li	isted a
cument's effective date on the Departmer	nt of State's records.				C 3
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ecord specifies a delayed effective date, be	ut not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day af	ter the
is filed.					
January 7	2024	^)		
ted	2024 	/\ ./<	Sour of y		
		1/454)* <i>(</i>)		
January 7		/			
Signature	e of a member or autho	orized representative	of a member		