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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Resources & Solutions on Demand LLC SUBJECT: 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: Shawanda Bieger Name of Person Resources & Solutions on Demand LLC Firm/Company 203 S 56 ter Address Hollywood /FL 33023 City/State and Zip Code bieger322@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawanda Bieger Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & **■ \$**25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Resources & Solutions on Demand LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on February 20, 2024	and assigned
orida document number L24000088623		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
A		ت .
nter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the na	ame of the new regis
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 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>	<u>Name</u>	Address	Type of Action
MGR	Joel Edmond	203 S 56 ter Hollywood F1. 33023	
			Remove
			□Change
MGR	Shawanda Bieger	203 S 56 ter Hollywood FL 33023	
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Remove
			□Change
			□Add
			□ Remove
			Change

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Affective date, if other than the factive date is listed, the date in this locument's effective date on the	nust be specific and cannot be block does not meet the	applicable statutory fil	(option r more than 90 days after fil ling requirements, this d	ling.) Pursuant to 605.0207
	tive date, but not an effe	ctive time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
d is filed.	2024			
record specifies a delayed effect d is filed. Dated	1.75/64	or authorized representati		

. . .