L24000176023

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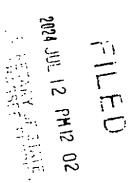
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LC Amend

07/12/24--01039--013 **25.00



JUL DEROLL A RAMSEY



NATIVE AMERICAN SOLUTIONS LLC

7/9/2024

TO: Registration Section

Division of Corporations

SUBJECT: NATIVE AMERICAN SOLUTIONS LLC

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Y. Saturday

Native American Solutions LLC

7643 Gate Parkway Suite 104-552

Jacksonville, FL 32256

contact@nativeamericansolutions.com

For further information concerning this matter, please call:

Barbara Y. Saturday at (912) 409-9644

Enclosed is a check for the following amount: \$25 Filing Fee

ionbone y Saturday

Sincerely,

Barbara Y. Saturday

CEO

NATIVE AMERICAN SOLUTIONS LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIVE AMERICAN SOLUTIONS LLC

2024 JUL 12 PM 12 02

(Name of the Limited Liability Company as it now appears on our records.) (OF STATE (A Florida Limited Liability Company) コロート ロスパインド ストルスストリースト The Articles of Organization for this Limited Liability Company were filed on 04/15/2024 Florida document number <u>L24000176023</u> 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 the abbreviation "LLC," 7643 Gate Parkway Suite 104-552 Enter new principal offices address, if applicable: Jacksonville, FL 32256 (Principal office address MUST BE A STREET ADDRESS) 7643 Gate Parkway Suite 104-552 Enter new mailing address, if applicable: Jacksonville, FL 32256 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida _____ Zip Code Circ 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
AMBR	Robert D. Hutcherson Jr.	382 NE 191ST ST #101409 MIAMI, FL 33179	□Add
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		ffective time, a	st 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
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Typed or printed name of signee