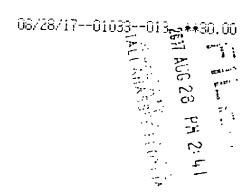
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(Req	uestor's Name)	
DbA)	ress)	
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(City,	/State/Zip/Phone	e #)
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J. HARRIS

COVER LETTER

	Registration Sec Division of Corp			
end rec		niversity Blvd, West LLC		
SUBJEC	T:		ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please ret	um all correspor	ndence concerning this matter t	o the following:	
		Teri Michelle Jones, Esq.		
			Name of Person	
			Firm/Company	
		P O Box 9916		
			Address	
		Chesapeake VA 23321		-
			City/State and Zip Code	
		law@terimichelle.net	o be used for future annual report notifica	anti ani
For furthe	r information co	n-man address. (in		ation
	nelle Jones		757 488-1188	
	Name of	Person	at ()	elephone Number
Enclosed i	s a check for the	e following amount:		
\$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on APRIL 17, 2006 Florida document number L06000039363						
					This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here;					
GULFSTREAM SYSTEM SOLUTIONS LLC						
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbrev	iation "L	LC.**		
Enter new principal offices address, if applicable:	830-13 A1A NORTH #501	<u>}</u> :	2817			
(Principal office address MUST BE A STREET ADDRES	SS)	7	- 1	i ,		
	PONTE VEDRA BEACH, FL 320	1 "	<u>€</u>	der		
Enter new mailing address, if applicable:	P. O. Box 9916	<u>811</u>	ж Б	; .		
(Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>			
	CHESAPEAKE VA 23321			_		
Name of New Neglitered Agent.	S here: CHELLE JONES, ESQ	iter the	пате	of the		
New Registered Office Address: 830-13 A	830-13 A1A NORTH #501					
	Enter Florida street address					

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.

PONTE VEDRA BEACH

City

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>	<u>Address</u>	Type of Action
MGR	ROBERT GRAHAM	P O BOX 9916	■ Add
		CHESAPEAKE VA 23321	Remove
			Change
			Remove
			Change
			Add
			□ Remove
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n effective da	e, if other than the te is listed, the date mu	st be specific and	cannot be pric	or to date of filing	or more than 90 d	_ (optional) ays after filing.) Pursuant (to 605.020
<u>ite:</u> If the d	ate inserted in this b fective date on the D	lock does not m	neet the appli	icable statutory	filing requireme	nts, this date	will not b	e listed a
cument 3 cr	rective date on the is	cparentene or o	tate 3 record					
record sp	pecifies a delaye	d effective d	ate, but n	ot an effecti	ve time, at 1	2:01 a.m.	on the e	earlier o
The 90th	day after the red	ord is filed.						
, 24 AUG	GUST		2017					
ted				<u> </u>				
								D-D
		Signature of a n	nember or aut	horized represent	ative of a member		=====	
ТЕ	RI MICHELLE JON	JES					> 15 = 15 35 15	A. □C. •:
			Typed or prin	nted name of signs			₩.	က် မ
							mari mari	
				ge 3 of 3			71	PH 2:

Filing Fee: \$25.00