

MAY-19 2015 TUE 11:57 AM E Manue Sheppard Condon FAX 0. 850 434 829 P. 01
Division of Corporations Page 1 of 2

L14000060900

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMMANUEL SHEPPARD & CONDON
Account Number : 072720000035
Phone : (850) 433-6581
Fax Number : (850) 434-7163

15 MAY 19 PM 12:20
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KLehman@generalskycam.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GENERAL SKYCAM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION
OF
GENERAL SKYCAM, LLC
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 14, 2014, and assigned Florida document number L14000060900.

This Amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REMOTE AXCESS, LLC

Enter new principal offices address, if applicable: (Principal office MUST BE A STREET ADDRESS)

REMOTE AXCESS, LLC
45 S JEFFERSON ST
PENSACOLA, FL 32502

Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX).

REMOTE AXCESS, LLC
45 S JEFFERSON ST
PENSACOLA, FL 32502

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: _____

_____, Florida _____

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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 608 F.S. OR, if this document is being filed merely to 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 Resident Agent

C. If amending the Managers or Managing Members on our records, enter the title, name and address of each Manager or Managing Member being added or removed from our records:

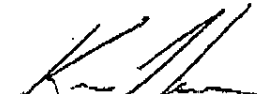
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
_____	Van P. Geeker	30 S. Spring Street Pensacola, FL 32502	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kevin J. Lehman	557 E. Romana Street Pensacola, FL 32502	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated: 19 MAY, 2015.



Signature of a member or authorized representative of a Member
Kevin J. Lehman, Member

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