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D. SCOTT MAY 22 2017

COVER LETTER

TO:	Registration Se Division of Cor				
OUBLE	TLG Soluti	ions, LLC			
SORTE	CT:	Name of Lin	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Kirk Villalon, Esq.			•
			Name of Person	•	
		Rivero Mestre LLP			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		2525 Ponce De Leon Blvo	l. Suite 1000		TALSE (III)
			Address		
		Miami, FL 33134			SSS ANTINA TO A SSS A SS
			City/State and Zip Code		E OR S
		E-mail address: (to be used for future annual report notif	fication)	MIN: 21 FLORIDA
For furt	her information c	oncerning this matter, please c	all:		AND TO SERVICE STREET
Kirk V	illalon, Esq.		305 4452500 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Soo.00 Filing Certificate of Certified Co (additional cop	of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLG Solutions, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 01/22/2015	and assigned
Florida document number L15000013671		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
JE Global Solutions, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	EC)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ESS S
B. If amending the registered agent and/or registere	ed office address on our records, ente	er the names of the new
registered agent and/or the new registered office address		五二 二
		SSE 5
Name of New Registered Agent:		
		15.
New Registered Office Address:	Enter Florida street address	
	Liner i writti sireei attiress	
	, Florida	(I) (I)
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than	the date of filing:			(optional)		
Effective date, if other than fan effective date is listed, the date	e must be specific and canno	ot be prior to date of	filing or more than 90	days after filing.)	Pursuant to 605	5.0207
Note: If the date inserted in the document's effective date on the	its block does not meet ti he Denartment of State's	he applicable statu s records.	itory filing requiren	nents, this date v	vill not be list	ted as
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The 90th day after the	record is filed.	Dut not an en	ective time, at	12.01 a.III. C	ii tiie eaiii	Çi Oi
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Dated May 16th	20	17				
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Typed or printed name of signee

Filing Fee: \$25.00