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EXAMINER



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SECRETARY OF STATE OIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Peter Van Kirk Consulting, LLC 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:						
Peter Van Kirk Name of Person						
Covernment Solutions, LLC						
114 Ocean Pines Terrace						
City/State and Zip Code PVK JPVK & Comcast. net E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Peter Van Kirk at (561) 262-8344 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount: \$25.00 Filing Fee \(\) \$30.00 Filing Fee \(\) Certificate of Status Certified Copy Certificate of Status \(\)						
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Peter Van K (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	rords.) LLC
The Articles of Organization for this Limited Liability Compar Florida document number <u>L02000 2012</u> 7	,	02 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Overnment Solution The new name must be distinguishable and end with the words "Lin" L.L.C."	ions, LLC	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		DIVIS SE
Enter new mailing address, if applicable:	Same	CRETARY ON OF O
(Mailing address MAY BE A POST OFFICE BOX)		2 800
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		O SS SS SS
Name of New Registered Agent: Se	ame_	
New Registered Office Address: Sa	MeEnter Florida	street address
<u></u>		lorida
	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 608, 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 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 = MGRM	Manager = Managing Member	Same		•
<u>Title</u>	<u>Name</u>		Address	Type of Action
<u></u>				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If an	- ·		ge(s) here: (Attach additional sheets, if necessary.)	
				·
Dated	November	23, 29	09/1 (L.H.	- -
		Peter Va Typed	or or authorized representative of a member A K / K d or printed name of signee	

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Filing Fee: \$25.00