L04000013355

	equestor's Name)	
(Re	:questors ivame)	
(Ad	idress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
•	·	,
(Do	ocument Number)	
(,	
Certified Copies	Certificates	of Status
Certified Copies	_ Oe/iii/cates	Of Clares
Special Instructions to	Filing Officer:	

Office Use Only



100212934501

10/06/11--01015--006 **60.00

2011 OCT -6 TH 1: 01
SECRETARY OF STATE

C. LEWIS

OCT 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 62 Technology Solutions 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:
ROCIO ESPARZA GAY/ORD
GD TECHNOLOGY SOLUTIONS LLC Film/Company
2100 Club HOUSE ROAD Address
N. FHMYERS, FL 33917 City/State and Zip Code Rosie D G2 VISION, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
10 Ros 15 SAY ORD at (703) 862, 9443 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

 MAILING ADDRESS: Registration Section

Į

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

Date: Tue, 4-Oct 2011 9:28:15 -0400 [07:28:15 AM MDT]

From: OnlineWebRein@dos.state.fl.us

To: ROSIE@GZVISION.COM

Subject: L04000013355 - G2 TECHNOLOGY SOLUTIONS LLC

Congratulations, the reinstatement you submitted for the business entity listed above has been approved for processing. No further changes can be made to the reinstatement application.

To complete the reinstatement, "click" on the link below and follow the prompts for payment of the filing fee. Please do not "click" on the link until you are ready to complete the payment process. Once you choose to pay either by credit card or by check, you must complete the payment process or the reinstatement will be abandoned. If you exit the payment process page before completing the transaction, the filing will be abandoned.

The reinstatement will post overnight if paid by credit card. If payment is made by check it must be received within 30 days. The reinstatement will post when the check is received and processed.

https://efile.sunbiz.org/scripts/reinst03.exe?mc=Y&rs=MUL&tn=700212857167

Secretary of State Kurt Browning is committed to maintaining a high level of service in all areas of the Department of State. If you have feedback on your service, please take the department's Customer Satisfaction Survey. Thank you in advance for your participation.

DOS Customer Satisfaction Survey: http://survey.dos.state.fl.us/index.aspx?email=OnlineWebRein@dos.state.fl.us

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION & FILED

OF 2011 0CT
G2 TECh Nology Solutions 21 GEORETARY OF STATE (A Fforda Limited Liability Company)
(Name of the Limited Limited Liability Company as it now appears on one records STATE (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number <u>L040000/33</u> 55
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 end with 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent: Registered Office Address: (SAME) 2100 Club House Road Enter Florida street address N. Ft MyEps , Florida 33917 City Zip Code
New Registered Office Address: (SAME) 2100 Club House ROAD
Enter Florida street address
N. Ft MyEDS Florida 33917 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
I to the second

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.

H 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 = Manager

MGRM = Managing Member Name <u>Address</u> **Type of Action** PRESIDENT ROCIO ESPARZA
GAYLORD DDAdd Remove ☐ Add Remove □ Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sygnature of a member or authorized representative of a member ESPARZA GAY/ORX Typed or printed name of signor

Page 2 of 2

Filing Fee: \$25.00