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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	ne #)
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(Do	cument Number)
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J. HARRIE

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		gy Solutions, LLC		
SUBSEC 1.		Name of Lim	ited Liability Company	
The enclosed	d Anticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jeffrey Lynn Gaylord		
			Name of Person	
		G2 Technology Solutions I	LLC	
			Firm/Company	
		2100 Club House Road		
			Address	
		North Fort Myers, Florida	33917	
			City/State and Zip Code	
		jgaylord@G2Vision.com		
		E-mail address: (i	to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Jeffrey Gayl	_		808 383.0780	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.0 0 F	iling 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:

TO:

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

ears on our records.)	
February 18, 2004	and assigned
<u>here</u> :	
: designation "LLC" or the abbrev	riation "L.L.C."
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on our records, <u>enter the</u>	name of the
lovida atmant addressa	
lorida street address , Florida	
	here: c designation "LLC" or the abbrev

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 files 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, 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>	Address	Type of Action
AMBR	Rocio Esparza Gaylord	2100 Club House Road	
		North Fort Myers, Fl 33917	■ Remove
			Change
AMBR	Jeffrey Lynn Gaylord	2100 Club House Road	
		North Fort Myers, FL 33917	Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
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			☐ Remove
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ffeative date if other than the date of filler.	15		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	tional) er filing.) Pui	rsuant to	605.020
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, thoument's effective date on the Department of State's records.	nis date will	not be	listed as
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e record specifies a delayed effective date, but not an effective time, at 12:01	a.m. on	the ea	ırlier o
The 90th day after the record is filed.			-
ated September 18, 201	≥ .	297	
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Signapare of a member or authorized representative of a member	50 m		_ eco.u.>
	of β The	Ö	4
Jeffrey Lynn Gaylord	1.3s.	3	Į i
Typed or printed name of signee	Ū ,	<u>ن</u>	
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Page 3 of 3

Filing Fee: \$25.00