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EXAMINER



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SECRETARY OF CORE SECRETARY

COVER LETTER

TO: Registration Sect		•	
SUBJECT: Network	System Solutions,	LLC ted Liability Company)	
	(Number of Emili	ica Baomy Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Terrill J. Trumble		
		(Name of Person)	
	Network System Solution	s, LLC	
		(Firm/Company)	
	2315 Cricket Road		
		(Address)	
	Middleburg, FL 32068		
		(City/State and Zip Code)	
For further information cor	ncerning this matter, please ca	all:	
Terrill J. Trumble		at (904) 291-2893	
(Name of	Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing 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:

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

Network System Solutions, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Com	npany were filed on 04/08/2005	_ and as	ssigned
Florida document number L05000035070			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC	C" or the	abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		<u> </u>
		09 APR	YSE_
		APR	
Enter new mailing address, if applicable:		<u>ь</u>	9 <u>2</u> 5
(Mailing address MAY BE A POST OFFICE BOX)		70	
		ယ	
		±5	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres			of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street addre	ess)	
	, Florida		
	(City)	(Zip Co	de)

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 ≠ Manager MGRM = Managing Member **Address** Type of Action Title Title <u>Name</u> Susan L. Trumble MGRM 2315 Cricket Road **≖** Add Middleburg, FL 32068 # 7 Remove ☐ Add Remove _ Add Remove ☐ Add Remove ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member J. IOMBLE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00