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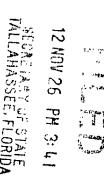
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Office Use Only

B. KOHR

NOV 27 2012

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1 dearon Solutions Group UC 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:
TAMMY CIANNONE Name of Person
Ideacon Solutions Group, UC
3025 E. South Street
Orlando FU 32803 City/State and Zip Code
Tammy a januoue Daskidea com Com E-mail address: To be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 407 398.6444 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) \$\int_{\text{sub}}^{\text{\$\geq}} \frac{1}{2} \frac\

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

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	SOLUTIONS lity Company as it now appears of da Limited Liability Company) y Company were filed on 6/10	Orough Classing and assigned to the contract of the contract o
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office and Name of New Registered Agent:	gistered office address on our ddress here:	records, enter the name of the new
Transc of frew tyegistered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Type of Action** <u>Name</u> <u>Address</u> Ken Dennis 3025 E. South St Add Ovlando Fr 32803 Remove Remove Remove Remove Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	11/14/2012
	Signature of a prember or authorized representative of a member TAMP GIAPNONE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00