## 107000062288

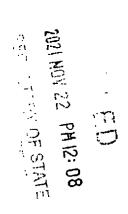
Office Use Only

A RIVERS DEC - 9 2021



900376786969

11/22/21--01002--017 \*+25.00



## . COVER LETTER

• •			• .
	·	•	
SUBJECT:	Name of Lim	ited Liability Company	
(additional copy is enclosed) Certified Copy			
	Kathryn Warnick		
Division of Corporations  Ideacom Solutions Group 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:  Kathryn Warnick  Name of Person  Ideacom Solutions Group LLC  Firas/Company  3113 Lawton Rd Suite 109  Address  Orlando, FL 32803  City/State and Zip Code  KWARNICK@ASKIDEACOM.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kathryn Warnick  Name of Person  407  Area Code  Daytine Telephone Number  Einclosed is a check for the following amount:  \$\Begin{array} \text{Street Address:} \text{Certified Copy} & Certificate of Status & Certified Copy (additional copy is enclosed)}  Mailing Address:  Street Address:			
	Ideacom Solutions Group	LLC	
Division of Corporations  Ideacom Solutions Group LLC    Name of Limited Liability Company			
	Name of Limited Liability Company  Tricles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Kathryn Warnick  Name of Person  Ideacom Solutions Group LLC  Firm/Company  3113 Lawton Rd Suite 109  Address  Orlando, FL 32803  City/State and Zip Code  KWARNICK@ASKIDEACOM.COM  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  k  107  Area Code  Area Code  Daytime Telephone Number  Stout of Filing Fee & Certified Copy (additional copy is enclosed)  g Address:  Street Address:		
Division of Corporations  Ideacom Solutions Group 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:    Kathryn Warnick			
	Orlando, FL 32803		
		City/State and Zip Code	
	~		
		·	ouncation)
For further information of	concerning this matter, please co	all:	
Kathryn Warnick			
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
		· · · · · · · · · · · · · · · · · · ·	·
_			
DIVISION OF C	orporations	The Content of C	

P.O. Box 6327

Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ideacom Solutions Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <sup>06/13/2007</sup> and assigned Florida document number L07000062288 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 contain 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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 amonding 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
VP	Tammy Y Giannone	3113 Lawton Rd, Suite 109, Orlando,FL 32803	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		🗆 Add
			□Remove
			□Change
			□Add
		<del>-</del>	□Remove
			□(Change

, <u>, , , , , , , , , , , , , , , , , , </u>				
<u> </u>				
	·			
	<u></u>	_		
		<del></del>		
<del></del>				
Footive data if other than the da	11/19/2021		(optional)	
fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior to docs not meet the applicable	ate of filing or more than 90 statutory filing requirer	days after filing.) Pursuant to 605.0	0207 ( d as (
ecord specifies a delayed effective d is filed.	ate, but not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
	2021			
ted November 19	<del></del> ··			
	Jannich gnature of a member or authorize	II	<del>12</del>	