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EXAMINER



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DIVISION OF CARPORAL OF

COVER LETTER

Division of Co	rporations					
SUBJECT:	UBJECT: VAP IT SOLUTIONS, LLC					
	Name of Limi	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		MANU PATEL				
		Name of Person				
	VAP IT SOLUTIONS, LLC					
		Firm/Company				
	6	529 Millhopper Road,				
	Address					
	,	Gainesville,FL-32653				
	·	City/State and Zip Code				
		contact@vap-its.com				
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please of	call:				
M	ANU PATEL	at (352)	375-7881			
Name	of Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	ING ADDRESS	OTD DET/COUR	HED A DODESS			

MAILING ADDRESS:

Registration Section

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**

(Name of the Limited Liability Compa	any as it now appears	on our records.)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on	01/29/2008	_ and as	ssigned
Florida document numberL08000010528				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
NO CH	ANGE			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company	," the designation "LLC	O" or the	abbreviatio
Enter new principal offices address, if applicable:	2831 NW 41st	Street, Suite #H		므
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL	-32606	60	SEI
				92
			1	PER P
Enter new mailing address, if applicable:	2831 NW 41st	Street, Suite #H	⊸	で発写
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL	-32606	<u></u>	7.33
			. 2	
			ਹ	===
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r records, <u>enter the</u>	<u>name</u>	of the nev
Name of New Registered Agent: NO CHANG	GE			
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Coa	le
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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Remove
			Add Remove
			-
			Add Remove
			Add
			Remove
			Add Remove
			Add
			Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
			_
			
Dated	07/01/ , _2	2009	
	Signature of a mamb	per or authorized representative of a member	
	Abhi	Patel ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00