108000795842

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(B	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



400137987784

11/21/08--01015--011 **30.00

M. THOMAS

NOV 2 4 2008

EXAMINER

GLOBAL SAFETY LABS, INC.



Corporate Offices 4129 South 72[™] East Avenue Tulsa, Oklahoma 74145 NESA A. DUNN, J.D. Director of Administration

Telephone:

(877) 800-1222 Toll-Free

(918) 551-5500 Local

(918) 551-5514 Direct

Facsimile: (918) 551-5515

www.globalsafetylabs.com

November 17, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STA

RE: Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Amendment where we are requesting the name of our current entity, GSL Government Solutions, L.L.C. be changed so that "L.L.C." now reads "LLC" as follows:

GSL Government Solutions, LLC

Also enclosed is a payment in the amount of \$30.00 to cover the filing fee for this request.

If you have any questions concerning the enclosures, please do no hesitate to contact me at (877) 800-1222.

Respectfully yours,

Vesa A. Dunn

NAD: smb

Enclosures

cc: Andrew Allen, CEO

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SL COVERNMENT S (Name of Lim	ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nesa A.	Dunn (Name of Person)	
	Global S	Coffety Labs, Inc.	
	4129 S.	72nd E. Ave (Address)	es HOV 2
	Tulsa,	OK 74/45 (City/State and Zip Code)	PILED AN ID: 09 89 HON 21 AN ID: 09 TALLAHASSEE FLORIDA
For further information	concerning this matter, please c	all:	OS OS
Ness /	4. Dunn of Person)	at (<u>9/8</u>) <u>55/-55</u> (Area Code & Daytime Te	
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

• GSL Government S (Name of the Limited Liability Comp (A Florida Limited	DOUTIONS, L. L. Coany as it now appears on of Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LO800095842</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here	
GSL Government Solutions, LLG	C	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		023
(Principal office address MUST BE A STREET ADDRESS)		10 to
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2 AH 5 OS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter F	lorida 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)

or Managing Member being added or removed from our records: MGR = Manager **MGRM** = Managing Member **Address Type of Action Title** Name ☐ Add ☐ Remove _ Add Remove 🖪 Add □ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 10, 2008. Signature of a member or authorized representative of a member Andrew M. Allen
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00