

**L09000007862**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

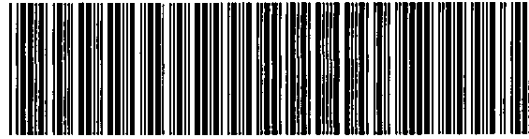
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800210828568

08/10/11--01017--012 \*\*25.00

2011 AUG 10 AM 11:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 11 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Complete Technology 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:

Tom Lazio  
Name of Person  
Complete Technology Solutions Group, LLC.  
Firm/Company  
4519 Woodbine Road  
Address  
Pace, FL 32571  
City/State and Zip Code  
tom@ctsgroup.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Lazio at ( 850 ) 994-0065  
Name of Person Area Code & Daytime Telephone 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

FILED

2011 AUG 10 AM 11:18

Complete Technology Solutions Group, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 28, 2011 and assigned Florida document number L09000007862.

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 end with 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)**

4519 Woodbine Road

Pace, FL 32571

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

4519 Woodbine Road

Pace, FL 32571

**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:

Tom Lazio

New Registered Office Address:

4519 Woodbine Road

*Enter Florida street address*

Pace

*City*

Florida

32571

*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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGK = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Tom Lazio	4519 Woodbine Road Pace, FL 32571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tim Wheat	4519 Woodbine Road Pace, FL 32571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shaun P McCormick	8008 Eastwood Lane Pensacola, FL 32514	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 5, 2011

  
Signature of a member or authorized representative of a member  
Tom Lazio  
Typed or printed name of signee

2011 AUG 10 AM 11:18  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA