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C. LEWIS

MAY 2 2 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations
CUDIE	r. PCI SOLUTIONS GROUP, LLC
SUBJEC	Name of Limited Liability Company
	sed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following:
•	CHARLES E. NEWMAN
	Name of Person
	NEWMAN & ASSOCIATES, P.A, CPAs
	Firm/Company
	707 E. COLONIAL DRIVE
	Address
	ORLANDO, FL 32803
	City/State and Zip Code
	NEWMANCPA@AOL.COM E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
	CHARLES E. NEWMAN at (407) 228-0700
	Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
▼ \$25.0	Filing Fee \$\ \begin{array}{ c c c c c c c c c c c c c c c c c c c

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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SECRETARY OF STATE

PCI SOLUTION GROUP, LLC TALL AHASSEE

(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 Comp	pany were filed on	02/25/09	and assigned		
Florida document number	L09000019261					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited	liability company here:				
	PCI SOLUTIO	NS GROUP, LLC				
The new name must be distingu "L.L.C."	ishable and end with the words "	Limited Liability Company,	" the designation "L	LC" or the abbreviation		
Enter new principal offices	address, if applicable:	Name of the second of the seco				
(Principal office address MU	ST BE A STREET ADDRES.	<u></u>				
Enter new mailing address, (Mailing address MAY BE A						
	ered agent and/or registere new registered office address tered Agent:		records, <u>enter t</u>	he name of the new		
New Registered Off	ice Address:		1			
		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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title Address Name ∏Add Remove Add Remove Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated manuse of a member of anthonsequepresentative of a member CHARLES E. NEWMAN Typed or printed name of signee Page 2 of 2

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Filing Fee: \$25.00