

L090007049088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

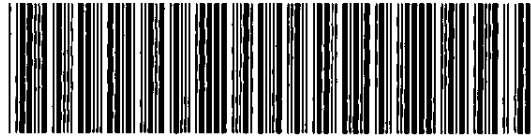
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -5 AM 9:40

LORE CAMPBELL

B. KOHR

APR 13 2011

EXAMINER



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctlegalsolutions.com

April 5, 2011

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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SECRETARY OF CORPORATIONS
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Re: Order #: 8113386 SO
Customer Reference 1: 033332-0000007
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

GTEC Assured IT, LLC (FL)
New Name: New Name: Sotera Assured IT, LLC
Amendment (Change of Name)
Florida

②

GTEC Assured IT, LLC (FL)
New Name: New Name: Sotera Assured IT, LLC
Obtain Document - Misc - Obtain a Certificate of Fact Reciting Name Change;
Florida

②

GTEC Assured IT, LLC (FL)
New Name: New Name: Sotera Assured IT, LLC
Obtain Document - Misc - Obtain a Certified Copy of Name Change Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Connie Bryan
Assistant Secretary

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GTEC Assured IT, 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:

Lisa Broome

Name of Person

Sotera Defense Solutions, Inc.

Firm/Company

2200 Defense Highway, Suite 405

Address

Crofton, MD 21114

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Broome

Name of Person

at (301)

858-1256

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GTEC Assured IT, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -5 AM 9:40

The Articles of Organization for this Limited Liability Company were filed on 5/20/2009 and assigned
Florida document number L09000049088.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sotera Assured IT, LLC

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)

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

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

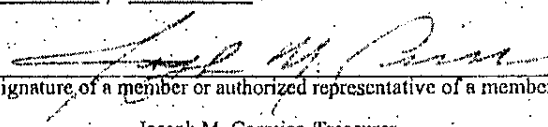
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	GLOBAL DEFENSE TECHNOLOGY & SYSTEMS, INC.	1501 Farm Credit Drive, Suite 2300 McLean, VA 22102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sotera Defense Solutions, Inc.	1501 Farm Credit Drive, Suite 2300 McLean, VA 22102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GLOBAL DEFENSE TECHNOLOGY & SYSTEMS, INC.	1501 Farm Credit Drive, Suite 2300 McLean, VA 22102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sotera Defense Solutions, Inc.	1501 Farm Credit Drive, Suite 2300 McLean, VA 22102	<input checked="" 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 April 4, 2011


Signature of a member or authorized representative of a member

Joseph M. Cormier, Treasurer
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00