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DEC 28 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	∵ T∙	REMYSOFT	SOLUTIONS LLÖ		
SUBJE	C1.		ited Liability Company	,	
The enc	losed Articles of Am	endment and fee(s) are sul	omitted for filing.		
Please re	cturn all corresponde	nce concerning this matter	to the following:		•
	_		JON ROBERTSON		
			Name of Person		
		REM'	YSOFT SOLUTIONS I	LC.	
	-		Firm/Company		
		1	1821 DELFINA LANE		
	_		Address		Zo s
		(ORLANDO, FL 32827		2011 DEC 27 SEGRETARY RELARASSE
	City/State and Zip Code		ASS.		
	_		S@REMYSOFTHAIR to be used for future annual repo		
r c a		·	·	n nonneadon)	FST
ror rurtr	ner information conc	erning this matter, please of	can:		RED SE
	JON RO	BERTSON	at (407)	552-114# 6	
	Name of Pe			r	
Enclosed	d is a check for the fo	ollowing amount:			
\$25.0	00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	ite of Status &
	Registratio		STREET/C Registration Division of 0	OURIER ADDRESS: Section	
Division of Corporations P.O. Box 6327		Clifton Build			

2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMVCOET COLUTIONS JUG

	ty Company as it now appea		
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	06/24/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			沙 滋 ロ
(Principal office address MUST BE A STREET ADD	DRESS)	*****	EC 27
Enter new mailing address, if applicable:			OF STATE
(Mailing address MAY BE A POST OFFICE BOX)			2
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street a	ddress
		. 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSE SANTOS	11821 DELFINA LANE ORLANDO, FL 32827	Add Remove
MGRM_	ELVIRA SANTOS	11821 DELFINA LANE ORLANDO, FL 32827	Add Remove
MGRM	JON ROBERTSON	11821 DELFINA LANE ORLANDO, FL 32827	✓ Add ☐ Remove
			Add Remove
			Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessa	ary.)
 Dated	DECEMBER 23	2011	
	Signature of a m	ember or authorized representative of a member ERTSON, MANAGING MEMBER	
		Typed or printed name of signee	·
		Page 2 of 2	

Filing Fee: \$25.00