L09000116925

(Re	equestor's Name)				
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TILLU 2000 DEC 18 PM 18: 11 SECRETARY OF STATE

C. LEWIS

DEC 2 1 2009

EXAMINER

COVER LETTER

	ration Sec n of Corp	ction porations	•			
SUBJECT:	F	PATRIOT CONTRA	CTING SOLUTIO	NS. LLC	;	
SUBJECT:			ted Liability Company	,		
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing			
Please return all	correspo	ndence concerning this matter	to the following:			
			B B			
			David L. Powell Name of Person			
			Traine of Leison			
	Liberis & Associates, P.A.					
			Firm/Company			
	212 W. Intendencia Street					
			Address			
		_				
		<u></u> F	Pensacola, FL 3250 City/State and Zip Code	2		
		do	owell@liberislaw.co	ım		
	, ,	E-mail address: (t	to be used for future annual r	eport notification	· (no	
For further infor	mation co	oncerning this matter, please c	all:			
David L. Powell		at (850)	438	3-9647		
	Name of	Person	Area Code	& Daytime Tel	ephone Number	
Enclosed is a ch	eck for th	e following amount:				
\$25.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		\$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

2009 DEC 18 PM 14 11

PATROIT CONT	RACTING SOLUTION	NS, LLC	SECRETARY OF STA TALLAHASSEE.FLOR
(A Florida	ty Company as it now appears a Limited Liability Company)	s on our records.	'
The Articles of Organization for this Limited Liability Florida document number L09000116925	Company were filed on	ecember 7, 2	009 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<u>:</u> :	
PATRIOT CONT	RACTING SOLUTIONS	S, LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>ent</u>	er the name of the new
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 <u>Title</u> <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Add Remove _ Add _ Remove Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 7 Dated_ Signature of a member or authorized representative of a member David L. Powell Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00