

	equestor's Name)	
(Re	questors Name)	
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEODII

APR 0 9 2010

**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
SUBJE	CCT:	CIS Govern	nent Services, LLC	·		
		Name of Limited Liability Company				
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
			Name of Person			
		,	Swope & Bright, P.L.			
			Firm/Company		<del></del>	
		28870 U	.S. Highway 19 N., Sui	ite 324		
			Address			
			Clearwater, FL 33761			
			City/State and Zip Code		<del>-</del>	
		E-mail address: (1	ott@SwopeBright.com to be used for future annual repor	t notification)	_	
For fur	ther information con	cerning this matter, please c	all:			
	Scott P	. Swope, J.D.	at ( 727 )	725-0200		
Name of Person			Area Code & I	Daytime Telephone Num	ber	
Enclose	ed 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 end	closed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)	
MAILING ADDRESS: Registration Section			STREET/CO Registration	DURIER ADDRESS Section	:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CIS GO	overnment S	Services, I	LLC	rde )		
( <u>Name of the Limited Lia</u> (A Flo	orida Limited Lia	bility Company	)	<u>(us.</u> )		
The Articles of Organization for this Limited Liabi	lity Company w	ere filed on	February 26	5, 2010	and assi	gned
Florida document numberL1000002229						
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liabili	ty company h	ere:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	d Liability Com	pany," the design	nation "LLC"	or the ab	obreviation
Enter new principal offices address, if applicable	e:					<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)					<u> </u>
	-				<b>O</b>	SEC
					PR	光光
Enter new mailing address, if applicable:		-				1127
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> .				<u> </u>	305
					=	30
D. If an all and a second					ည္	11.0°
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic <u>address</u> here:	e address on	our records,	enter the	name of	the new
Name of New Registered Agent:	·					
New Registered Office Address:						
		H	Enter Florida str	reet address		
-		<u> </u>	, Floi			
No. Police LA . de Circo de Company		City		Z	ip Code	
New Registered Agent's Signature, if changing Regi	stered 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 amonding 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> **Type of Action Address** MGR Timothy O'Rourke 1261 S. Missouri Avenue ✓ Add Remove Clearwater, FI 33756 MGR Craig Gundry 1261 S. Missouri Avenue Clearwater, FL 33756 ☐ Remove MGR Michael O'Connor 1261 S. Missouri Avenue Clearwater, FL 33756 ✓ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4-6 Signature of a member or authorized representative of a member Scott P. Swope Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00