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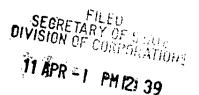
APR 4 2011 N. Cuffigan

COVER LETTER

TØ:	Registration Sec Division of Corp				
SUBJE	CT:				
			logy Solutions LLC ted Liability Company		
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
			Michael Berger, Esq.		
C			Name of Person		
			arpenter & Berger, PL		
			Firm/Company		
		e 370			
			Address		
		For	t Lauderdale, FL 33309)	
			City/State and Zip Code		
		gam	ebridgeinc@gmail.com	l	
			o be used for future annual report	notification)	
or furt	her information co	ncerning this matter, please c	ali;		
	Mic	hael Berger	at (_954_)	772-0127	
	Name of	Person	Area Code & Da	nytime Telephone Number	
Enclose	d is a check for the	e 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 Sta Certified Copy (additional copy	
		NG ADDRESS:	STREET/CO	URIER ADDRESS:	

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



DM Technology	Solutions L	LC ;		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	April 27, 2010	and assigned	
Florida document numberL10000044966				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	6600 SW 20th Street			
(Principal office address MUST BE A STREET ADDRESS)	Plantation, F	L 33317		
Enter new mailing address, if applicable:	6600 SW 20th Street			
(Mailing address MAY BE A POST OFFICE BOX)	L 33317			
			<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter th	e name of the new	
	_			
Name of New Registered Agent:		 		
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	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 Type of Action Name Address **MGRM** Aishel Mortillaro 9375 Fountainbleu Blvd. ☐ Add #L-415 Remove Miami, FL 33172 MGRM Jeffrey Dysart 6600 SW 20th Street **✓** Add Remove Plantation, FL 33317 ☐ Add Remove ∏Add Remove \square Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 7 Dated Signature of a member of authorized representative of a member Jeffrey Dysart Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00