

May 03 2010 7:03PM

NICK SPRADLIN

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P. 1

Division of Corporations

Page 1 of 1

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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L. SELLERS  
MAY - 5, 2010  
EXAMINER

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CUSTOM SYSTEMS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

RECEIVED

10 MAY -4 AM 6:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY -4 AM 9:50

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Help

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

**CUSTOM SYSTEMS SOLUTIONS, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on APRIL 28, 2010 and assigned  
Florida document number L10000045666.

This amendment is submitted to amend the following:

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

**CUSTOM SYSTEM SOLUTIONS, 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

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10 MAY -4 PM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

4/30, 2010

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN AS REPRESENTATIVE OF A MEMBER

Typed or printed name of signee