L10000112050

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
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SECRETARY OF STATE

2012 APR 16 PH 2: 1

J. BRYAN

APR 17 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: East Gate Solutions, LLL Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Please return all correspondence concerning this matter to the following: |
| Scott Stewart Name of Person |
| EASTGATE SOLUTIONS LLC Firm/Company |
| 3001 North Bocky Point Drue EAST Unit 200 Tampar Address Ortando, FL / City/State and Zip Code |
| Schewart 247 a Comcast · net- E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Scott Stewart at (407) 791-6735 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{ \$\subseteq \$\\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\subseteq \$\\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additi |

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

| EAST GATE SOLU | Hions LLC | | |
|--|--|---|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability (| Company were filed on | and assigned | |
| Florida document number L10000112050 | | | |
| This amendment is submitted to amend the following: | A. | SECRETARIA POR LA CONTROL OF THE Abbreviation | |
| A. If amending name, enter the new name of the lim | nited liability company here: | 15 6 M | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability Company," the designation "LLC" | or the abbreviation | |
| Enter new principal offices address, if applicable: | | A PARTY OF | |
| (Principal office address MUST BE A STREET ADD | ORESS) | <i>7</i> | |
| | | | |
| Enter new mailing address, if applicable: | | = 120.7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>. </u> | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ame of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | <u>-</u> - | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City . Zi | p 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** <u>Name</u> Address Type of Action MGRM NANCY GOODMAN Scott Stewart 3001 North Rocky Point Dry Add Elist unit 200 Rem Tampa, FL 33607 MGRM Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Secon Is Memerger. Signature of a member or authorized representative of a member Stewart Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00