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D. BRUCE
JUN 27 2011
EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	GAME DAY	PRO PHOTOS LLO		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:		
		Charles J. Cogswell		
		Name of Person		
	Gar	me Day Pro Photos LL	С	
		Firm/Company		
	5728 Eaglemount Circle			
		Address		JUN 21
		Lithia, FL 33547		N24 ASSE
		City/State and Zip Code		
	Cha	arlieCogswell@aol.com	n	
		to be used for future annual repor	rt notification)	25.
For further information c	oncerning this matter, please of	call:		1 > "
Cha	rles Cogswell	at (_703_)	725-0528	
Name o	f Person		Daytime Telephone Number	r
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration of O Division of O Clifton Build	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Game Day	y Pro Photos LLC		
(<mark>Name of the Limited Liability C</mark> (A Florida Lin	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1000//7747</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	;	
C2 Sc	olutions LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		ill.
Enter new mailing address, if applicable:			JUN 24 A
(Mailing address MAY BE A POST OFFICE BOX)			₹ 1
	 		7: 26
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		r records, enter th	is.
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	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:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
	**************************************		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter change(Name change only.	s) here: (Attach additional sheets, if necessary.)	IT JUN 24 AN 7:26
Dated	June 21 201	1	——————————————————————————————————————
	, —	r authorized representative of a member	
	Cnal Typed or	ries J. Cogswell	

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Filing Fee: \$25.00