9/5/2019 Division of Corporations

H19000267174 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2019 SEP -6 AM 8:13

2019 SEP -6 PM 1:43

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FIRM SOLUTIONS SOURCE LLC

Certificate of Status	0
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T GLASS

SEP 09 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FIRMSOLUTIONSSOURCELLC

(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 August29,2011 and assigned Florida document number L11000099349.

This amendment is submitted to amend the following:

2019 SEP -6 PM 1:43

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

The new name must be distinguishable and contain 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 *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 605, 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 Authorized Person(s) authorized to manage,enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	a360 Technology Solutions LLC	2121 Waukegan Road, Ste 360 Bannockburn, IL 60015	■ Add
			☐ Remove
			☐ Change
MGR	William Casale	4002 W. State St., Ste. 200 Tampa, FL 33609	☐ Add
			■ Remove
			☐ Change
MGR	Jan Duke	4002 W. State St., Ste. 200 Tampa, FL 33609	☐ Add
			■ Remove
			☐ Change
MGR	J Light Townsend Jr	4002 W. State St., Ste. 200 Tampa, FL 33609	☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 SEP 16 PM 1:43

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to §605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 5 2019

Signature of a member or authorized representative of a member

Scott Brinkley

Typed or printed name of signee

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Filing Fee: $25.00