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12 JAN 20 AM 11: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Swith Stating Solutions LLC Name of Limited Liebriity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wayne Gaedner
Firm/Company
5506 Alhambra de. Address
5506 Alhambra de. Address Orlando Fl 32808 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayne Gardner at (407) 375 0754 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION

FILED 12 JAN 20 AMIL

	Or	- 111 20 所门: 约
Swith Sta (Name of the Limited Lia (A Flo	bility Company as it now appears or ordina Limited Liability Company)	SECRETARY OF STATE LIAKLAHASSEE, FLORIDA nour records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on	30 11 and assigned
Florida document number # 11000112	2243	•
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
1.11) Concents ILC	1	,
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futan	Florida street address
	Emer	rioriaa sireei aaaress
·		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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 **Type of Action Title** Name **Address** Wayne Gardner Dulan Gardner 5506 Alhanbra dr. Remove 5506 Alhambra de Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Signature of a member or authorized representative of a member

Gordner
Typed or printed name of signee

Filing Fee: \$25.00