

L11000127886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

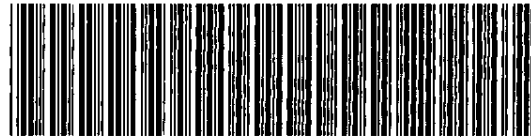
Special Instructions to Filing Officer:

A. LUNT

NOV 18 2011

EXAMINER

Office Use Only



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11/17/11--01012--013 **25.00

2011 NOV 17 PM 5:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**Alex Reece
6921 NW 22nd Street
Gainesville, FL 32653-1228
352-505-5667**

11-14-2011

To Whom It May Concern,

When filing for the LLC for Office Solutions of Gainesville, LLC

I attached the wrong titles to the names of the members. I have filed out the amended form.

It is attached.

It should be as follows:

Alex Reece is a Managing Member

Dave Ferro is a Member.

If you have any questions please give Nikkie Clark Vogel a call at 352-505-5667. Her email address is nclark@pozzolanaconsulting.com.

Thank You



Alex Reece

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Office Solutions of Gainesville, LLC
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:

Alex Reece
Name of Person

Office Solutions of Gainesville, LLC
Firm/Company

6921 NW 22nd Street
Address

Gainesville, FL 32653
City/State and Zip Code

nclark@pozzolanaconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikkie Clark at (352) 605-5667
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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
TO
ARTICLES OF ORGANIZATION
OF**

Office Solutions of Gainesville, 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 11.9.11 and assigned
Florida document number L11000127886.

This amendment is submitted to amend the following:

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

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)

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TALLAHASSEE, FLORIDA

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 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	Name	Address	Type of Action
MGR	Alex Reece		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alex Reece		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVE FERRO		<input type="checkbox"/> Add <input checked="" 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)


DAVE FERRO is a member.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV 17 PM 5:08

FILED

Dated November 14th, 2011



Signature of a member or authorized representative of a member

Alex Reece

Typed or printed name of signee