12000078296

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TO: Registration Se Division of Con			
SUBJECT:	MYCO SOLUTIONS, LLC		
SUBJECT:	Name of Limited Liability Company		
The analogod Auticles of	Amondment and foo(s) are submitted for filling		
	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	Troy H. Myers, Jr.		
	Name of Person		
	lcard, Merrill et al.		
	Firm/Company		
	2033 Main St. Ste. 600	₹., ~	
	Address	Bes F	
	Sarasota, FL 34237		-
	City/State and Zip Code	/'T'1	Property.
	klange@icardmerrill.com E-mail address: (to be used for future annual report notification)	T. 3	
For further information c	oncerning this matter, please call:	PH I2: 50 BE STATE DELGRIBA	L _{una} , I
Troy H	. Myers, Jr. _{at (} 941 ₎ 953-8110		
Name o	f Person Area Code & Daytime Telephone Number		
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filin Contificate of Status Contificate Contificate of Status Continue Conti	g Fee,	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYCO SOLUTIONS, LLC

(Name of the Limite	d Liabilit	Company a	s it now	appears	on our	records.
(A Florida	Limited Liabi	lity Com	ipany)		

The Articles of Organization for this Limited Liability Company were filed on 06/13/2012 and assigned Florida document number <u>L</u>12000078296 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Keith Coker	2033 Main St. Ste. 600	✓ Add
		Sarasota, FL 34237	Remove
MGR	Troy H. Myers, Jr.	2033 Main St. Ste. 600	Add
		Sarasota, FL 34237	Remove
***************************************			Add
			Remove
			Add Remove
			Add
			Remove
			Add
			Remove

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. —	
	
ated	February 5th 2013 /
	Shyl-
	Signature of a member of authorized representative of a member
	Troy H. Myers, Jr.
	Typed or printed name of signee

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