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| (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: | | | | | |
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| [JUL: 3 1 2012 | | | | | |
| L. SELLERS | | | | | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration S Division of Co | | | MAIL! |
|--------|----------------------------------|---|--|--|
| SHRII | ECT: | Outlier S | Solutions, LLC | |
| 3600 | EC1 | | ed Liability Company | |
| The en | nclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all corresp | condence concerning this matter | to the following: | |
| | | (| Christie D. Arkovich | |
| | | | Name of Person | |
| | | 0 | utlier Solutions, LLC | |
| | | | Firm/Company | |
| | | | | |
| | | | | |
| | | | Tampa, FL 33606 | |
| | | | | |
| | | cda | aw@tampabay.rr.cor | m |
| | ; | E-mail address: (t | o be used for future annual repo | ort notification) |
| For fu | rther information | concerning this matter, please co | ali: | |
| | Chr | istie D. Arkovich | at (813) | 258-2808 |
| | | of Person | | Daytime Telephone Number |
| Enclos | sed is a check for | the following amount: | | |
| | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regi Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314 | Registration Division of Clifton Buil | Corporations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Outl | ier Solutions, LLC | | |
|---|---|--|---|
| (Name of the Limited Liabil (A Florid | lity Company as it now appear la Limited Liability Company) | irs on our records. | |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | June 19, 2012 | and assigned |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the li | | ere: | |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Comp | pany," the designation "LL | C" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or regressered agent and/or the new registered office a | | our records, <u>enter th</u> | e name of the new |
| Name of New Registered Agent: | | Suga | |
| New Registered Office Address: | | nter Florida street addi | SEC. 2 |
| | | Florida , Florida | TAR 27 |
| N. D. Maria and A. Cimadana (Cabara). Barbara | City | <u>با</u> ب | Žip Gode |
| New Registered Agent's Signature, if changing Registe | | | N III I I I |
| I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang | and complete performanc dagent as provided for in C ered office address, I here | e of my duties, and I ar Chapter 608, F.S. Or, ij | n familiar with and this document is |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------------|--|----------------|
| MGRM | Christie D. Arkovich | 1520 W. Cleveland St. Tampa, Florida 33606 | Add Remove |
| MGR_ | Outlier Management, | LLC 1520 W. Cleveland St. Tampa, FL 33606 | |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, o | enter change(s) here: (Attach additional sheets, if nece | ssary.) |
| _ | | | |
| — — | July 21 | | |
| Dated | | PAMM | |
| | Signature | of a member or authorized representative of a member Christie D. Arkovich | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00