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COVER LETTER

		istration Sect sion of Corpe					
CUDIEC		Solutions 4	4 Government, LLC				
SUBJEC	.1:		Name of Limit	ed Liability Company	- 		
The enclo	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.	. 73		
Please ret	turn	all correspond	dence concerning this matter	to the following:	TALLAR TALLAR		
			Timothy P Buckley		A SS M		
				Name of Person	TALLAHASSEE, FLORIDA		
				Firm/Company			
			9840 Camberley Cir.				
				Address	to discount on the mode and the statement of the con-		
			Orlando, Florida 32836				
			tim.buckley@solution				
			E-mail address: (to	o be used for future annual report notification	on)		
For further	er in	formation cor	ncerning this matter, please ca	all:			
Tim Bu	ıckl	еу		321 438-1888			
Name of Person			Person	Area Code & Daytime Te	ephone Number		
Enclosed	is a	check for the	following amount:				
\$25.0	10 Fi	ling 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

TELEPHY OF PA

Solutions 4 Government, 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 Liab	June 29, 20)12 and issigned
Florida document numberL12000086990		J.C.
Tiona accument manior	······································	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
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		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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 **Type of Action** <u>Address</u> **Title** <u>Name</u> **MGRM** Wm. Matthew DuPree 3570 Holly Springs Rd. Melbourne, FL 32937 Remove Add Remove Remove Remove Remove

D. If amen	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
	•	
•		
		
12/3 Dated		012
	· · · · · · · · · · · · · · · · · · ·	
		mber or authorized representative of a member
	Timothy P Buckley	/ //
	Ту	yped or printed name of signee
		Page 3 of 3

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