

L12000 151588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

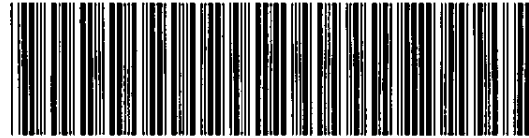
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2013

DWIGHT NEWELL
4220 STONEFIELD DR
ORLANDO, FL 32826

SUBJECT: SURE TECHNOLOGIES SOLUTIONS " LLC"
Ref. Number: L12000151588

We have received your document for SURE TECHNOLOGIES SOLUTIONS " LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00025106

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sure Technologies Solutions "LLC"

DOCUMENT NUMBER: L12000151588

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dwight Newell

Name of Contact Person

Sure Technologies Solutions

Firm/ Company

4220 Stonefield Drive

Address

Orlando FL 32826

City/ State and Zip Code

info@siesource.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwight Newell

Name of Contact Person

at (407)

6012064

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SURE TECHNOLOGIES SOLUTIONS "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 12/04/2012 and assigned Florida document number L12000151588.

This amendment is submitted to amend the following:

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

SURE TECHNOLOGIES SOLUTIONS LLC

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)

1945 WEST CR 419
Suite 1141-124
OVIEDO, FL 32766

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

City, 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

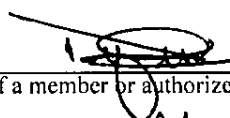
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GRAHAM INTERGRATION MANAGEMENT	1116 TWIN RIVERS BLVD ORLANDO FL, 32766	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GLENIS GRAHAM	1116 TWIN RIVERS BLVD ORLANDO FL, 32766	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HOWARD SOUTH	16732 CEDAR CREST DR ORLANDO FL, 32828	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 7, 2013.



Signature of a member or authorized representative of a member
DWIGHT NEWELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FBI - NEW YORK
RECEIVED