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J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C5i Solutions 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:

Deepak Ahya
Name of Person

C5i Solutions LLC
Firm/Company

11466 Hibbs Grove Dr
Address

Cooper City, FL 33330
City/State and Zip Code

deepak.ahya@c5isolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deepak Ahya
Name of Person

at (954)
Area Code

303-7163
Daytime Telephone Number

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

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CSI Solutions LLC

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ORDONEZ, CARLOS	2200 NW 102ND AVE,	UNIT #4 ☐ Add
		DORAL, FL 33172	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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MIAMI, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 11th, 2014.



Signature of a member or authorized representative of a member

Deepak Adya

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA