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(Re	equestor's Name)	_
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

N. Culligan APR 3 0 2000

## **COVER LETTER**

TO:		ation Sect 1 of Corpo				
CHD IE	CT. Ha	ındy Ga	tor, LLC			
SUBJE	C1		Name of Limi	ited Liability Company		-
The enc	losed Art	ticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all	correspon	dence concerning this matter	to the following:		
			Chad French			
				Name of Person		_
			Handy Gator, LLC			
				Firm/Company		_
			14690 NW 151st Blv	rd #10		
				Address		_
			Alachua, Florida 326	815		
			<del></del>	City/State and Zip Code		
			chad@handygator.co	om		
			E-mail address: (	to be used for future annual re	eport notification)	<del>-</del>
For furt	her infor	mation coi	ncerning this matter, please co	all:		
Chad	French	า		352 226	3-3199	
		Name of	Person	Area Code	Daytime Telephone Num	ber
Enclose	d is a che	eck for the	following amount:			
\$25	.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif osed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
		MAILIN	NG ADDRESS:	STREET	COURIER ADDRESS	:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2015 APR 23 AH II: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Handy Gator, 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 v	were filed on 06/24/2014	and assigned
Florida document number L14000100769		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Gator Solutions, LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LI.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.,, .=, .=
B. If amending the registered agent and/or registered off		he name of the ne
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agre	ee to comply with th

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR ≐ A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		Add
			Remove
			Add
			☐ Remove
			Add
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			Add
			Remove
			□ Add
			□ Remove
	<del></del>		Add
			Remove

, 4111011	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	re date, if other than the date of filing:
Dated _	April 21st , 2015 .
	Signature of a member or authorized representative of a member
	Chad French

Page 3 of 3

Filing Fee: \$25.00

