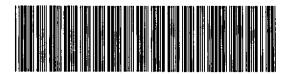
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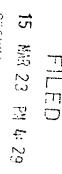
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APR 14 2015 S. YOUNG

COVER LETTER

TO: Registration So Division of Cor						
Frogger,	LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter	-				
	Jeff Brooks					
		Name of Person		···	•	
	CONUS Technical S	Solutions LLC				
		Firm/Company		,	•	
	11125 Park Blvd					
		Address			지원 5	
	Suite 104-132				語言	77
		City/State and Zip C	ode			m
	jd@conustech.com				11. H	
For further information of	E-mail address: (concerning this matter, please c	to be used for future an	nual report notifica	ition)	100 A	
Jeff Brooks		954	540-1974		29 1E 10.4	
Name o	f Person	Area Code	Daytime To	elephone Number	•	
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing H Certified Cop (additional copy	у	Certified	te of Status &	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Regi Divi Clift 2661	EET/COURIER stration Section sion of Corporati on Building Executive Cente ahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frogger, LLC (Name of the Limit	ed Liability Compa	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L. Florida document number L14000114025F	iability Company	,	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
CONUS Technical Solutions LLC			
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	SAME - NO CHANGE	,
(Principal office address MUST BE A STREE	T ADDRESS)		₹% #
		· · · · · · · · · · · · · · · · · · ·	7 T L
Enter new mailing address, if applicable:		SAME - NO CHANGE	.΄ < ω 'π
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
			<u>3</u> 5 €
		C/2 11	9m 8
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	SAME - NO	CHANGE	
New Registered Office Address:	SAME - NO	CHANGE	
New Registered Office Address.		Enter Florida street address	
		, Flori	da
		City	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as pregistered office change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is the limited liability
	If Cha	nging Registered Agent, <u>Signature of N</u>	New Registered Agent

Page 1 of 3

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 = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** SAME - CHANGE SAME - CHANGE _□ Add

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e effective date must be specific, cann	date of filing: (options not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)
e effective date must be specific, cann the date this document is filed by the Fk	ot be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, cann e date this document is filed by the Fk	not be prior to date of receipt or filed date and cannot be more than 90 days afte orida Department of State)
e effective date must be specific, canne date this document is filed by the Flated March 18	not be prior to date of receipt or filed date and cannot be more than 90 days afte orida Department of State)

Page 3 of 3

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