L14000138986

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R. HUNT () 4/13/2)

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations				
	INANCE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	_			
Piease return all correspo	ondence concerning this matter	to the following:			
	Jorge L Cruz				
		Name of Person	<u></u>		
	Global Incorporation Servi	ces LLC		. Est	_
		Firm/Company			 >₹
	1000 Brickell Ave Suite 62	20			
	·	Address		ယ —	
	Miami Florida 33131		نون پرپي	PH 2	
	jorgecruz@usaglobalinc.com	City/State and Zip Code	FATE	2:21	
	- ·	to be used for future annual report notification)			
For further information c	concerning this matter, please ca	all:			
Jorge L Cruz		786 5541174			
Name o	of Person	at ()Area Code Daytime Telephon	e Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
Mailing Address Registration : Division of C P.O. Box 632	Section Torporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIDELIS FINANCE LLC		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{L14000138986}{L14000138986}$.	99/05/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
FIDELIS GLOBAL SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		.3
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
	22.14 	
		o j
Enter new mailing address, if applicable:	7177; 71170;	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	TAI FL	5 15 ~
	Tri .	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>enter the name of</u>	the new register
Name of New Registered Agent:		
New Registered Office Address:		
	lorida street address	
	Florida	

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 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			□Rêmove
			SO STATE Remove
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Filing Fee: \$25.00