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COVER LETTER

Division of Corporations	
SUBJECT: GROSAC SULUTIONS 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:	
ARCHANA WAIR Name of Person GEOSAC SOLUTIONS Firm/Company	
18221 SWEET JASMINE DR Address	
City/State and Zip Code City/State and Zip Code Grand Grand Grand Common Comm	7
For further information concerning this matter, please call: Archana Nauv Name of Person Area Code Area Code Daytime Telephone Number 12 Area Code Daytime Telephone Number 12 Daytime	
Name of Person Area Code Daytime Telephone Number ≥	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$55.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Scriffied Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- · · · · · · · · · · · · · · · · · · ·	SOLUTIONS LLC	
(<u>Name of the Limited I</u> (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		ssigned
	·	
This amendment is submitted to amend the following	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the words	ds "Limited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:	7AS 28	
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>	
	27 2	
D 10	registered office address on our records, enter the name se address here:	n
B. It amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name	e of the nev
	ORICE W	
Name of New Registered Agent:	ه ۱۱۱۳ -	
Now Boolstored Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City Zip Cod	e

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized	to manage,	enter the	title, na	ame, and	address (of each	person	being	added
or removed from our records:									

MGR =	Manager	
AMBR =	Authorized Member	,

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Signature o	of a member	TOT author	ized represe	ntative of a m	ember			

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Filing Fee: \$25.00