# 115000136727

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
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# COVER LETTER

TO:		istration Sec sion of Cor	porations				
SUBJE	гст.	Tier5 Techr	r' > nical Services	• •			
SOBJE			Name of Lim	ited Liability Company			
The en	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return	all correspon	ndence concerning this matter	to the following:			
			Christopher T Boyle				
			Name of Person				
			Tier5 Technical Services				
				Firm/Company			
			16167 Kayla Cove Court				
				Address			
			Jacksonville, FL 32218				
				City/State and Zip Code			
			chris@tier5-tech.com				
			E-mail address: (	to be used for future annual report notific	cation)		
For fur	ther in	formation co	oncerning this matter, please ca	all:			
Christe	opher	T Boyle		904 435-3484 at ()_			
		Name of	f Person		Telephone Number		
Enclos	ed is a	check for th	ne following amount:				
\$2:	5.00 F	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tier5 Technical Services (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 were filed on  $\frac{08/11/2015}{1}$ and assigned Florida document number L15000136727 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher T Boyle	16167 Kayla Cove Court	<b>∃</b> Add
		Jacksonville, FL 32218	□ Remove
			☐ Change
MGR	Diana G Lake	16167 Kayla Cove Court	Add
		Jacksonville, FL 32218	☐ Remove
			☐ Change
MGR	Michael J Lake	1248 Mayport Landing Drive	
		Atlantic Beach, FL 32233	Remove
			■ Change
			_ □ Add
			☐ Remove
			☐ Change
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in effective date is I ote: If the date in	other than the date of filing:
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied after the record is filed.
October 8th	2015
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00