

L15000152225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2015 DEC -1 A 9:18

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DEC 02 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

DARRYN GREEN  
805 SW 79TH AVENUE  
NORTH LAUDERDALE, FL 33068

SUBJECT: G&G MEDICAL SOLUTIONS LLC  
Ref. Number: L15000152225

We have received your document for G&G MEDICAL SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 515A00024920

*Attn:*

**COVER LETTER**

*Stacey*  
*Mason*

TO: Registration Section  
Division of Corporations

SUBJECT: G-G Medical Solutions  
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:

Darryn Green  
Name of Person

G-G Medical Solutions  
Firm/Company

805 So 7th Ave  
Address

North Lakeland, FL 33068  
City/State and Zip Code

dgreen@gnat.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darryn Green  
Name of Person

at (954) 470-2105  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

*Previously  
mailed and  
received (with agent)*

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GG Medical Solutions LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/9/04 and assigned Florida document number 1500015225.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

National Software Solutions LLC  
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)

805 SW 7th Ave  
North Lauderdale, FL 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

805 SW 7th Ave  
North Lauderdale, FL 33060

**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:

Darwyn Green

New Registered Office Address:

805 SW 7th Ave

Enter Florida street address

North Lauderdale

City

Florida

33060

Zip Code

**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.*

Darwyn Green

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	Jordan Gray	805 SW 7th Ave.	<input type="checkbox"/> Add
		North, Lauderdale FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dorothy Green	805 SW 7th Ave.	<input checked="" type="checkbox"/> Add
		North Lauderdale, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA  
18

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 1, 2015.

Clary

Darryn Green  
Typed or printed name of signee

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE FUND.

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