16000083581

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Tec</u>	nical Solution Name of Lim)ns and Trainir ited Liability Company	ng Group, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victor	Buonamia Name of Person	
	Technical S	Firm/Company	raining Group, LLC
	2135 Harde	en Blvd. Address	
	Lakeland	FL 3380 3 City/State and Zip Code	
	victor buona E-mail address: (mia Dptp-11c. C to be used for future annual report notif	0 VY Teation)
For further information of	concerning this matter, please c	ali:	
Victor Buc	Person	at (<u>813</u>) <u>498 – (</u> Area Code Daytime	0480 ext.100 e Telephone Number
Enclosed is a check for t	he 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)

TO:

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

The Articles of Organization for this Limited Liability Company were filed on Ol/2u/20/8 and assigned Florida document number 214000083581 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rampart Eagle 17 Solutions, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 , Florida ___ City

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, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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		2135 Harden Blvd. Lakeland, F L 33803	□ Remove
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Filing Fee: \$25.00