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K. SALY JAN -3 2017

# **COVER LETTER**

TO: Régistration Section Division of Corporations
SUBJECT: Solutions Group 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:
Name of Person
G360 Solutions GROUP, LLC. Firm/Company
126 E. COLONIAL Dz. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 982-9119  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

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

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- <i>Url</i> ' ^ -	
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Zip Code

Q-CALL SOLUTION	GROUP, LLC. TALLAHASSY OF O
(Name of the Limited Liability Compa (A Florida Limited	S GROUP, LLC. TALLAHARY OF STATE  Any as it now appears on our records.)  Liability Company)  ALC. TALLAHARY OF STATE  LIABILITY OF STATE  LIABILI
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000 222 466</u> .	
riorida document number LIGOOD & LAGO.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	OUP LLC
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	126 E. COLONIAL DR
(Principal office address MUST BE A STREET ADDRESS)	ORLANDA FL. 32801
Enter new mailing address, if applicable:	OPLANDO FL. 32801
(Mailing address MAY BE A POST OFFICE BOX)	OPLANDO FL. 32801
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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.

City

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 = N	•	Address of each state of the title, name, and address of the title, name, and addres		
<u>Title</u>	<u>Name</u>	Address SECRETARY DE 02: 55	Type of Action	
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fective date, if other than the date of filing: 01/02/20 an effective date is listed, the date must be specific and cannot be prior to date of fote: If the date inserted in this block does not meet the applicable statut ocument's effective date on the Department of State's records.	thing of more than 90 days after thing.) Fursuant to 003.0207
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
ated DECEMBER 27, 2016	
	)
Signature of a member or authorized repre	esentative of a member

Page 3 of 3

Filing Fee: \$25.00