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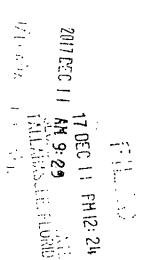
(Requestor's Nar	ne)
(Address)	
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(City/State/Zip/P	l hone #)
PICK-UP WAIT	ı MAIL
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COVER LETTER

TO:	Registration of	on Section f Corporations				
SUBJE		Solutions LLC	l i			
5 (15 15 15 15 15 15 15 15 15 15 15 15 15 15	C1	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
The enc	losed Article	es of Amendment	and fee(s) are sub	mitted for filing.		
Please r	eturn all cor	respondence conc	erning this matter	to the following:		
		James G	Lewis			
				Name of Person		
		GCT So	 utions LLC 			
				Firm/Company	· · . · .	
		416 Cly	 lebank Drive 			
				Address		
		Madison	AL 35758			
		glewis 101	3@hotmail.com	City/State and Zip Code		
			-	to be used for future annual re	port notification)	<u> </u>
For furtl	ner informat	ion concerning th	is matter, please c	all:		
James C	i Lewis			256 694- at ()	7055	
	N:	ame of Person		Area Code	Daytime Telepho	me Number
Enclose	d is a check	for the following	amount:			
□ \$25	00 Filing Fo	ce = \$30.00 Certi	Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

GCT Solutions LLC			
(<u>Nam</u>	e of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records. bility Company))
The Articles of Organization for the Florida document number L170001	s Limited Liability Company w		
This amendment is submitted to an	end the following:		
A. If amending name, enter the r	new name of the limited liabili	ty company here:	•
Soter Security LLC			1 1 1 m
The new name must be distinguishable and	d contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "ISL.C."
Enter new principal offices addre	ess, if applicable:		
(Principal office address MUST B.			
			6
			8
Enter new mailing address, if app	olicable:		<i>"</i> 7
(Mailing address MAY BE A POS	T OFFICE BOX)		
l			
B. If amending the registered registered agent and/or the new r		ce address on our records,	enter the name of the new
Name of New Registered	Agent:		
New Registered Office A	<u>adress</u> :	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
1 		. Flor	ida
	75 T 475/4-7-1, 14 T 15 T	City	Zip Code
New Registered Agent's Signature,	if changing Registered Agent:		
I hereby accept the appointment provisions of all statutes relative accept the obligations of my posi- being filed to merely reflect a cha- company has been notified in wri	to the proper and complete pe tion as registered agent as pro inge in the registered office ac	erformance of my duties, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authoriz	zed to manage, enter the title, name, an	d address of each person being added
MGR = N AMBR = A	Anager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
		 	☐ Remove
			☐ Change
			Chamge P. Add P. Remove
	 		7,0
			☐ Remove
	 		Change
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	1		☐ Remove
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ative data if other the	n the date of filings (entional)
effective date is listed, the da	n the date of filing: (optional) the must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in t	this block does not meet the applicable statutory filing requirements, this date will not be listed at the Department of State's records.
anem s circuite and on	the peparation of oute 5 feed as.
ecord enecifies a de	layed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne 90th day after the	
December 7th	2017
auw.	
10000	
7	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00