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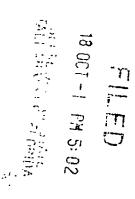
(Red	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corpora			
SHD IE	ECT: N	TISSION CR	ITICAL ADVISOR	ALLIANCE LLS
.501871		Name of Lim	ited Liability Company	
The end	closed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please	return all corresponden	ce concerning this matter	to the following:	
	_	STEPH	HEN BORLEY	SUPPORT ALLIANCE LIC
		04:	Name of Person	
		VEW NAME	MISSION CRITICAL	SUPPORT ALLIANCE LLC
			Firm/Company	
		19077 mai	OV. IMPA CONSCIN	r.
	_	11811 111148	RKWARD CRUSSIN Address	
	-		City/State and Zip Code Om C -Sa - Com to be used for future annual report notificati	
		E-mail address: (to be used for future annual report notificat	on)
For fur	ther information conce	rning this matter, please co	all:	
	S'TEVE BUR	LEY	at (<u>7/4</u>) <u>- 497 - 3</u> Area Code Daytime Te	5/43
	Name of Per	OI	Area Code Dayume Te.	ephone Manuer
Enclose	ed is a check for the fo	llowing amount:		•
□ \$2:	5.00 Filing Fee	1 \$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

MISSIM CRITICAL (Name of the Limited Liability Compar (A Florida Limited L	ADVISOR ALLIANO ny as it now appears on our records.) hability Company)	E LLC
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1700027640}{}$.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
MISSICN CRITICAL SUPPOR	ET ALLIANCE LLC	·
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	9911 CORKSCREW A	2D # 210
(Principal office address MUST BE A STREET ADDRESS)	ESTERO	
	FLURIDA 33928	<u></u>
Enter new mailing address, if applicable:	19877 MARKWAK	ed erossing
(Mailing address MAY BE A POST OFFICE BOX)	F.STERO	
	FLURIDA 33928	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		1 270
New Registered Office Address:		
	Enter Florida street address	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
	Florida	2
	City	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.

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>	Type of Action
MGR	STEPHEN C. BURLEY	19877 MARKWARD	CROSSIN9
		ESTERO FLORIDA	□ Remove
		33928	☐ Change
			Add
			Remove
		 ,	Change
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Filing Fee: \$25.00