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(Requestor's Name) (Address) (Address)	800306451568
(City/State/Zip/Phone #)	12/13/1701009026 *+ 25.00
Certified Copies Certificates of Status	FILED 2017 DEC 13 PH 12:-53 SLARETARY OF STATE TALLAHASSEE, FLORID,
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	ARTICLES OF AMENDMENT
·	TO
	ARTICLES OF ORGANIZATION 200_{0}
	$\frac{2}{OF} = \frac{2}{OE} \frac{1}{2}$
	Stor Brin
DG.	ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SOLUTIONS LCC (A Florida Limited Liability Company) ARTICLES OF ORGANIZATION CONTROL SOLUTIONS CALLAHASSEE (A Florida Limited Liability Company) COMPANY COMPANY COMPANY COMPANY CALLAHASSEE (A Florida Limited Liability Company) CALLAHASSEE (A Florida Limited Liability Company) CALLAHASSEE (A Florida Limited Liability Company) CALLAHASSEE (A Florida Limited Liability Company) CALLAHASSEE (A Florida Limited Liability Company)
(<u>N</u>	ame of the Limited Liability Company as it now appears on our records.)
The Articles of Organization for	this Limited Liability Company were filed on $\frac{11/15/17}{15/17}$ and assigned
Electida document number	17000235994
r ivitga document number <u> </u>	
This amendment is submitted to	amend the following:
A. If amending name, enter th	e new name of the limited liability company here:
· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable	and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices ad	l Iress, if applicable:
(Principal office address MUST	 BE_A_STREET_ADDRESS
en	
Enter new mailing address, if a	Í.
<u>(Mailing address MAY BE A P</u>	<u>DST OFFICE BOX)</u>
	d agent and/or registered office address on our records, <u>enter the name of the new</u> vregistered office address here:
registered agent and on the net	
Name of New Register	<u>20 Agent</u> :
New Registered Office	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signatur	e, 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

Page 1 of 3

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>	1	Address	Type of Action
MGR	DEAN	GAMILI	12/20 SUGARLOAF	ST DAdd
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		Page 2	of 3	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	mation, enter change(s) here: (Attach additional sheets, if necess	an:)
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E. 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)

(If an effective date is listed, the date/inust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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 Pecanbor V <u></u> Ξ Signature of a member or authorized representative of a member TEAN <u>GAMICI</u> Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00