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TALLAHASSEE FI ORIGINA

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
SUBJECT:	IGNITE TE	ECHNICAL AND CONSULT	ING SERVICES		
SUBJECT	<del>-</del>	Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		BRAD GARRETT			
		<del></del>	Name of Person		-
		IGNITE TECHNICAL AN	ID CONSULTING SER	VICES	
	Firm/Company				
	3588 MARSH WREN STREET				
			Address		_
		LAKELAND, FL 33811			· .
			City/State and Zip Code		18 ALC
		BGARRETT@IGNITETC	S.COM to be used for future annual	The state of the s	ALIA ALIA
For further in	nformation co	oncerning this matter, please ca		report nouncation;	-8 -8
STEVEN M	STEVEN M GARBERG JR. 863 899-9387		2. S		
	Name o	f Person	Area Code	Daytime Telephone Number	5: 22
Enclosed is a	check for th	ne following amount:			
\$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifica flosed) Certified	ite of Status &
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registrat	I/COURIER ADDRESS: ion Section of Corporations duilding	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## IGNITE TECHNICAL AND CONSULTING SERVICES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 06/06/2018	and assigned
Florida document number L18000140355		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		8 -8 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F_O_N O
		22 DA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent		zip Coae
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	- ree to act in this capacity. I furth e performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
II Ch	anging Registered Agent, Signature of S	Now Projectorod 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>	Address	Type of Action
MGR	STEVEN M GARBERG JR	2852 SPYGLASS CV LONGWC	
			□ Remove
			□ Change
			☐ Remove
			Change
		<u></u>	
			A Change
			AUGhange Change
			Change
			□ Remove
			Change
			Add
			Remove
			□ Change

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(If an effec Note: It	e date, if other than tive date is listed, the date f the date inserted in thi nt's effective date on th	must be specific a s block does not	nd cannot be prior meet the applic	able statutory fi	more than 90 days	optional) after filing.) Pursua this date will no	nt to 605	i.020 ed <b>a</b>
	ord specifies a dela 90th day after the i			t an effective	e time, at 12:	01 a.m. on the	e earlie	er c
Dated	/3/18	$\supset ($	·					
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Page 3 of 3

Filing Fee: \$25.00