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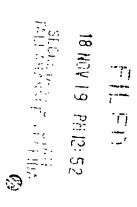
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Joint Guerril	la Solutions, LLC		
oobject.		Name of Lin	nited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jordan Alvarado		
		Guerrilla Solutions and Te	Name of Person echnology, LLC	
		1753 Southcreek Drive	Firm/Company	
		Saint Johns, FL 32259	Address	
		jordan.alvarado@gstech.tec	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For further inf	ormation cor	cerning this matter, please ca	all:	
Jordan Alvara	đo		904 484-7032 at ()	2
	Name of P	erson		time Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fili	ing Fee	■ \$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

Joint Guerrilla Solutions, LLC (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 Company were filed on August 29, 2018 _ and assigned Florida document number L18000207246 This amendment is submitted to amend the following: A. If amending name, enter the 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 Tam 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 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
AMBR	Jordan Alvarado		
			□ Add
			Remove
		1753 Southcreek Drive Saint Johns, FL 32259	= Change
AMBR	Tommy Daniel	15907 Wolf Creek San Antonio, TX 78232	
			□ Remove
	NOTE OF THE OWNER.		☐ Change
MGR	Philia Consulting Services, LLC	501 Morning Glory Circle Hughes Springs, TX 75656	
			□ Remove
			Change
	<u> </u>		□ Add
			□ Remove
			Change
			
			Change
			Add
			Remove
			Change

•	Technology, LLC and Philia Consulting Services, LLC. (both listed above). Jordan Alvarado is the
	authorized member representing Guerrilla Solutions and Technology, LLC and Tommy Daniel is the
	authorized member representing Philia Consulting Services, LLC. Philia Consulting Services, LLC is
-	a registered LLC in the State of Delaware.
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ian effe <u>Note:</u>	ve date, if other than the date of filing:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00