

L20 000221138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

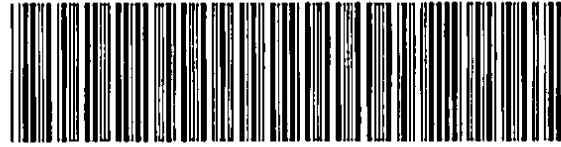
(Document Number)

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# COVER LETTER

**O: Registration Section**  
**Division of Corporations**

**UJECT:** G3 SOLUTIONS LLC

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

GREGORY C CUMMINS

Name of Person

G3 SOLUTIONS LLC

Firm/Company

5401 WEST KENNEDY BLVD

Address

SUITE 100

City/State and Zip Code

TAMPA FL 33609

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

GREGORY C CUMMINS

813 765-7360

at ( )

Name of Person

Area Code

Daytime Telephone Number

nclosed is a check for the following amount:

☒ \$25.00 Filing 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2201 21 PM 3:36

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

his amendment is submitted to amend the following:

the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

5401 WEST KENNEDY BLVD

SUITE 100

TAMPA FL 33609

5401 WEST KENNEDY BLVD

SUITE 100

TAMPA FL 33609

GREGORY C CUMMINS

5401 WEST KENNEDY BLVD SUITE 100

Enter Florida street address

TAMPA

Florida 33609

City:

Zip Code

*[Handwritten signature]*

**If Changing Registered Agent, Signature of New Registered Agent**

Existing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GREGORY C CUMMINS	13107 MEMORIAL HWY	<input type="checkbox"/> Add
		SUITE 14	<input type="checkbox"/> Remove
		TAMPA FL 33635	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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 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.

Signature of a member or a

Typed or printed name of signee

**Filing Fee: \$25.00**