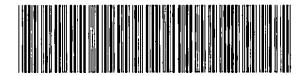
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## **COVER LETTER**

Division of Corpora			
SUBJECT: Chamel	on Applicat	ions and Communica d Liability Company	tions Systems, L.L.C.
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Greg D. Arn		· · · · · · · · · · · · · · · · · · ·
-	Chameleon A	pplications and S	offware Solutions, L.L.C.
	14020 Atla	ntic Rlvd. Unit	# 1116
	Jacksonvil	le FL 32221 City/State and Zip Code	<u> </u>
••	grege crm	o be used for future annual report notific	ration)
For further information conc	erning this matter, please ca	ill:	
Greg D. Arno Name of Pe	d Sr.	at ( <u><b>865</b></u> ) <u>771-</u> Area Code Daytine	2309Telephone Number
Enclosed is a check for the f	following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chameleon Applications and Communications Systems L.L. C
(Name of the United Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

`	ab 1/2 212		
The Articles of Organization for this Limited Liability Company	were filed on $9/01/4012$ and assigned		
Florida document number <u>L 2200039044</u> 0	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Chameleon Applications and Sof- The new name must be distinguishable and contain the words "Limited Liabi	twore Solutions L.L.C.		
The new name must be distinguishable and contain the words. Elimited Elaboration	my Company, and Stongament and		
Enter new principal offices address, if applicable:	722		
(Principal office address MUST BE A STREET ADDRESS)			
	9		
D. A. War address if applicables	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is		
If C	hanging 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>	Address	Type of Action
AMBR	Comilla Ann Augustine	1892 Myrick Rd Tollahassee FL 32	Add
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ective date, if (	other than the date	of filing:			(optional)	405.004
effective date is b	isted, the date must be sp iscrited in this block do	ecific and cannot best not meet the	e prior to date of fi applicable statut	ling or more than 90 ory filing requirer	days after filing.) Pur nents, this date will	not be listed a
ument's effective	e date on the Departn	ent of State's re	ecords.			
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cord specifies a s filed.	delayed effective date	, but not an effe	ctive time, at 12:	II a.m. on the ear	lier of: (b) The 90	th day after th
s med.						
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Car	mille Ann	n lugu	br authorized for	sentative of a them	D. arno	4/10
	Sign					

Filing Fee: \$25.00