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Page 1 of 1

### Florida Department of State **Division of Corporations**

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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EBUSINESS INTEGRATORS LLC

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J. Shivers OCT 28 2000

## COVER LETTER

SUBJECT: EBusiness Integrators, LLC  Name of Foreign Limited Liability Company  Dear Sir or Madam:  The enclosed application, certificate and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Carolyn Pasti  Name of Person  Redline Performance Solutions LLC  Firm/Company  2275 RESEARCH BLVD SUITE 500  Address  ROCKVILLE, MD 20850  City/State and Zip Code  cpasti@redlineperf.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carolyn Pasti  Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\textstyle{2}\$ \$255 Filling Fee & Certificate of Status & Certificet Copy	TO:		ration S on of C	Section orporations		
Dear Sir or Madam:  The enclosed application, certificate and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Carolyn Pasti  Name of Person  Redline Performance Solutions LLC  Firm/Company  2275 RESEARCH BLVD SUITE 500  Address  ROCKVILLE, MD 20850  City/State and Zip Code  cpasti@redlineperf.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carolyn Pasti  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed Is a check for the following amount:  S\$25 Filing Fee  Certificate of Status	SUBJE	ECT:	EBusine		Limited Lightlity Comm	
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Please return all correspondence concerning this matter to the following:    Carolyn Pasti	Dear Si	ir or M	adam:			
Name of Person	The end	closed	applicat	ion, certificate and fee(s) ar	e submitted for filing.	
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For further information concerning this matter, please call:    Carolyn Pasti				City/State and Zip Code		
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CR2E055 (12/13)	□ <b>\$</b> 25	Filing	Fce	□ \$30 Filing Fee &		Certificate of Status &

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

۱.	Name of limited liability Company as it appears on the records of the Florida Department of State: EBUSINESS INTEGRATORS LLC
2.	Jurisdiction of its organization: Maryland
3.	Date authorized to do business in Florida: 10/16/2012
SE	ECTION II (4-7 complete only the applicable changes)
4.	New name of the limited liability company: RedLine Performance Solutions, LLC (must contain "Limited Liability Company, ""L.L.C" or "LLC.")
Èle the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC."
5.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
6.	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
7.	Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of the authorized representative
	Carolyn L. Pasti
	Typed or printed rame of signer
	Filing Fee: \$25.00

# STATE OF MARYLAND Department of Assessments and Taxation

I. PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT EBUSINESS INTEGRATORS LLC FILED ITS ARTICLES OF AMENDMENT WITH NAME CHANGE ON SEPTEMBER 29, 2014 CHANGING ITS NAME TO REDLINE PERFORMANCE SOLUTIONS LLC.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 27, 2014.

Bal B. alm

Paul B. Anderson Charter Administrator



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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