

M200000008099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

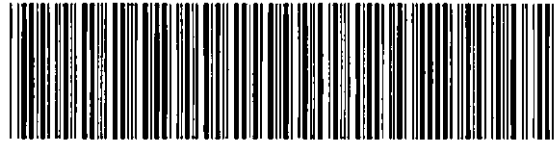
(Document Number)

Certified Copies _____

Certificates of Status _____

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08/16/23--01018--001 **30.00

FILED
2023 AUG 16 PM 4:48
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GovernmentCIO, 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:

Lorie Wimberly

Name of Person

GovCIO, LLC

Firm/Company

4000 Legato Road Suite 600

Address

Fairfax, VA 22033-4055

City/State and Zip Code

taxdept@govcio.com

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

For further information concerning this matter, please call:

Lorie Wimberly

Name of Person

at (256) 256-651-3424
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GovernmentCIO, LLC

Enter new principal office 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)

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2023 AUG 16 PM 4:48
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M20000008099

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 9/16/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: GovCIO, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, **Florida**
City Zip Code

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 I am 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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add

9. Attached is a 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.

Lorie Wimberly
Signature of the authorized representative

Lorie Wimberly

Typed or printed name of signee

Filing Fee: \$25.00

FILED
TALLAHASSEE, FLORIDA

2023 AUG 16 PM 4:48

Remove

STATE OF MARYLAND
Department of Assessments and Taxation

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC

for
GOVCIO, LLC

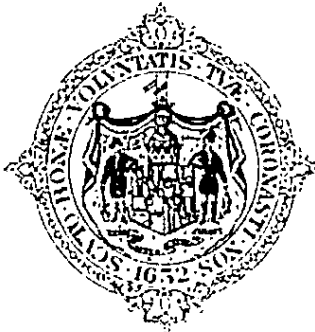
(Department ID: **W13830476**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

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 July 13, 2023.



Michael L. Higgs
Director



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

CORPORATE CHARTER APPROVAL SHEET**** EXPEDITED SERVICE ******** KEEP WITH DOCUMENT ****DOCUMENT CODE 419 BUSINESS CODE 20# W13830476

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging/Converting _____

Surviving/Resulting _____



1000362013478765

ID # W13830476 ACK # 1000362013478765
PAGES: 0002
GOVCIO, LLC

01/20/2022 AT 11:22 AM MO # 0005101771

New Name GOVCIO, LLC**FEES REMITTED**

Base Fee: 100
 Org. & Cap. Fee: _____
 Expedite Fee: 445
 Penalty: _____
 State Recordation Tax: _____
 State Transfer Tax: _____
 Certified Copies: 22
 Copy Fee: _____
 Certificates: _____
 Certificate of Status Fee: _____
 Personal Property Filings: _____
 NP Fund: _____
 Other: _____

TOTAL FEES: 567

Credit Card _____ Check _____ Cash _____

_____ Documents on _____ Checks

Approved By: 14

Seyed By: _____

COMMENT(S):

☒ Change of Name
☐ Change of Principal Office
☐ Change of Resident Agent
☐ Change of Resident Agent Address
☐ Resignation of Resident Agent
☐ Designation of Resident Agent
☐ and Resident Agent's Address
☐ Change of Business Code

Adoption of Assumed Name _____

Other Change(s) _____

Code 007

Attention: _____

Mail: Name and Address _____

ASHLAND CORPORATE SERVICES, LLC
 2405 YORK ROAD
 SUITE 201
 LUTHERVILLE TIMONIUM MD 21093-2264

**CERTIFIED
COPY MADE**

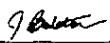
CUST ID: 0003685196
 WORK ORDER: 0005101771
 DATE: 01-20-2022 11:22 AM
 AMT. PAID: \$567.00

GOVERNMENTCIO LLC
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION**

THIS IS TO CERTIFY THAT

- 1 The name of the limited liability company is GovernmentCIO LLC (the "Company").
- 2 Article 1 of the Articles of Organization of the Company is hereby deleted in its entirety and the following Article 1 shall be inserted in place thereof
- "1. The name of the Limited Liability Company is
GovCIO, LLC"

IN WITNESS WHEREOF, the under signed has executed these Articles of Amendment as of this 18th day of January, 2022.


By: Jim Brabston
Title: Authorized Person

CUST ID: 0003885196
WORK ORDER: 0005101771
DATE: 01-20-2022 11:22 AM
AMT. PAID: \$567.00