M20000008099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

100414058941

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

FILED
2023 AUG 16 PM 4:48
SECRETARY OF STATE
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 at (256) 256-651-3424
Name of Person — 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

CR2E055 (9/15)

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) _____

_____

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

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)(e), indicate that change:

_____

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

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

FILED
2023 AUG 16 PM 4:48
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

Acknowledgement Number: 1000362013478765

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 A WO # 0005101771

New Name GOVCIO, LLC

FEES REMITTED	
Base Fee:	100
Org. & Cap. Fee:	
Expedite Fee:	445
Penalty:	
State Recordation Tax:	
State Transfer Tax:	
1 Certified Copies	
Copy Fee:	22
Certificates	
Certificate of Status Fee:	
Personal Property Filings:	
NP Fund:	
Other:	
TOTAL FEES:	567

Credit Card _____ Check _____ Cash _____

_____ Documents on _____ Checks

Approved By: 14

Keyed By: _____

COMMENT(S):

X 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: Names and Address

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

CERTIFIED COPY MADE

CUST ID:0003885196
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