# M2000008099

(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	
PICK-UP [	WAIT MAIL	
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer.		

Office Use Only



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### **COVER LETTER**

TO:	Registration Division of	n Section Corporations			•
		CavaramentCIO			
SUBJ	ECT:	GovernmentCIO, LLC  Name of Foreig	n Limited Li	ability Cor	nnany
		Name of Foreig	n Emmed Ei	ability Con	npuny
Dear	Sir or Madam	:			
The e	nclosed appli	cation, certificate and fee(s)	are submitte	d for filing	
Please	e return all co	rrespondence concerning thi	s matter to the	he followin	ıg:
Loi	rie Wimberly	/			
		Name of Person			
Go	vCIO, LLC				
		Firm/Company		<del></del>	
40	00 Legato F	Road Suite 600			
		Address		<del></del>	
F	airfax, VA 2				
		City/State and Zip Code	e	<del>_</del>	
ta	xdept@gov	cio.com			
E-1	nail address:	(to be used for future annual	report notifi	ication)	
For fi	urther informa	ation concerning this matter,	please call:		
	Lorie Wimb	<del>-</del>		. 25	6-651-3424
	Na	me of Person	_ at ( <u>256</u> Area Co	<i>)</i>	ime Telephone Number
	Mailing Add	fress:		Street A	ddress:
Registration Section			Registration Section		
Division of Corporations		Division of Corporations			
	P.O. Box (				entre of Tallahassee
	Tallahasse	ee, FL 32314			J. Monroe Street, Suite 810 Assee, FL 32303
	Enclosed i	is a check for the following	amount:		
□\$2	5 Filing Fee	🕅 \$30 Filing Fee &	□ \$55 Fili	ng Fee &	□ \$60 Filing Fee.
	-	Certificate of Status	Certifie	d Copy	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 o	of limited liability Company as it appe	ars on the records of the Florida	a Department of	
State: _	GovernmentCIO, LLC		<del> </del>	
Enter new	principal office address, if applicable		<b>是</b> 。	1833 -
			~ . *	NG.
	office address EASTREET ADDRESS)		A SOCI	<del>-6</del> [
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			FÜGHÜÄ	<u>+:</u> .
Enter new (Mailing g	mailing address, if applicable:		<u> </u>	ւ. 
	<u>A POST OFFICE BOX</u> )		ン	
		M2(	000008099	<del></del>
	rida document number of this limited	naonity company is.		<del></del>
3 Juriedii	ction of its organization:  Maryland			
4 15	uthorized to do business in Florida:	9/16/2020	<u> </u>	
4. Date at	autorized to do business in Fronda.			
	N II (5-9 complete only the applicab			
5. New n	ame of the limited liability company:	ust contain "Limited Liability (	Company, " "L.L.C.," or	r "LLC.")
	(			·
conv of th	mavailable, enter alternate name adopte written consent of the managers or rain "Limited Liability Company," "L.	nanaging members adopting the	g business in Florida ar e alternate name. The al	nd attach a ternate name
6. If amer	iding the registered agent and/or regist agent and/or the new registered office	ered officer address on our reco	ords, enter the name of t	<u>he new</u>
Name of ]	New Registered Agent:			
New Regi	istered Office Address:			
		Enter Flo.	rida Street Address	
	-	Cin	, Florida	Code
		City	Zip (	Louc
I hereby a the provis and accep document	istered Agent's Signature, if changing accept the appointment as registered a sions of all statutes relative to the propot the obligations of my position as registering filed to merely reflect a chan company has been notified in writing of	gent and agree to act in this caper and complete performance of distered agent as provided for in ge in the registered office addro	of my duties, and I am fo i Chapter 605, F.S. Or,	ımiliar with if this

8. If the amendment c	3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
Title/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remo	
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			□Remo	
			□Add	
aforementioned ar	Lorie Wimberly	ne official having custody of records	2028 AUG 16 PM 4: 48	

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

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	New Name GouClo, LLC	
FEES REMITTED		
lac	Change of Name	
	Change of Principal Office	
747		
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72	Change of Business Code	
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	Adoption of Assumed Name	
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	ASHLAND CORPORATE SERVICES, LLC	
	2405 YORK ROAD	
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CUST ID:0003885196 WORK ORDER:0005101771 DATE:01-20-2022 11:22 PM RMT. PRID:\$567.00

Acknowledgment Number: 1000362013478765

### **GOVERNMENTCIO LLC**

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### THIS IS TO CERTIFY THAT

- The name of the limited liability company is GovernmentClO 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