

L 12 000068004

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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2013 MAR 25 PM 12:54  
MAR 25 2013  
MAR 25 2013

FILED

MAR 26 2013

T CLING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stark Corporate Intelligence LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Byron Rumbaugh  
Name of Person

Stark Corporate Intelligence LLC  
Firm/Company

6325 SW 30th St  
Address

Miami FL 33155  
City/State and Zip Code

trent.rumbaugh@starkcorporateintelligence.com  
E-mail address: (to be used for future annual report notification)

2013 MAR 25 11:12:54

For further information concerning this matter, please call:

Byron Rumbaugh at (305) 600-5080  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Stark Corporate Intelligence LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/21/12 and assigned Florida document number L12000068004.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stark Corporate Intelligence Southeast LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
m6erm	Aaron Faticone	6325 SW 30 <sup>th</sup> St	<input type="checkbox"/> Add
		Miami FL 33155	<input checked="" type="checkbox"/> Remove
m6erm	Kenneth Hamill	6325 SW 30 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
		Miami FL 33155	<input type="checkbox"/> Remove
m6erm	Joshua Johnson	6325 SW 30 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
		Miami FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Byron T. Rumbaugh

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF MICHIGAN  
SECRETARY OF STATE