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COVER LETTER

TO:

Registration Section
Division of Corporations

GENERAL INVESTIGATION SERVICES 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:

STEVE COHEN

Name of Person

GENERAL INVESTIGATIONS

Firm/Company

1920 E HALLANDALE BCH BLVD #600

Address

HALLANDALE BCH, FL 33009

City/State and Zip Code

GENERAL PI@YAHOO.COM

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

For further information concerning this matter, please call:

STEVE COHEN

_{"7}954、505-4821

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

GENERAL INVESTIGATION (Name of the Limit	ON SERVICE LLC ed Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Li Florida document number L06000076257		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
-		
Enter new principal offices address, if applic (<i>Principal office address MUST BE A STREE</i>	The control of the co	
Frincipal office duaress MOST BE A STREE	[ADDRESS]	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
	-	
B. If amending the registered agent and/	or registered office address on our records	s, enter the name of the new
registered agent and/or the new registered of		-
Name of New Registered Agent:	STEVE COHEN	201
New Registered Office Address:		AP TO
New Registered Office Address.	Enter Florida street addres	s Sa
		orida
	City	Zip Code
New Registered Agent's Signature, if changing F		08 AND
provisions of all statutes relative to the prope accept the obligations of my position as regi	d agent and agree to act in this capacity. I fu er and complete performance of my duties, an stered agent as provided for in Chapter 605, registered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is
company has been notified in writing of this		
	If Changing Registered Agent, Signature	of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	STEVE COHEN		□ Add
			□ Remove
			□ Remove
			□ Remove
			DIAdd 2014 App Remove
			SEPPE P
			Remove
			□ Add
			_□ Remove

lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · ·
Effective (The effection of the date the	ve date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nis document is filed by the Florida Department of State)
Dated	·
	Colling
	Signature of a member or authorized representative of a member
	STEVE COHEN
	Typed or printed name of signee

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Filing Fee: \$25.00

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