# 10200003973

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**EXAMINER** 

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SECRE PARY OF STATE
ALLAHASSEE FLORIDA

# **COVER LETTER**

TO: Registration Sec Division of Corp							
SUBJECT: Real Tim	<b>n</b>						
SOBSECT.							
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.						
Please return all correspon	ndence concerning this matter to the following:						
	M. Daniel Sasso						
•	(Name of Person)						
	Sasso & Teuber, P.L.						
	(Firm/Company)						
	4223 Dei Prado Blvd.						
	(Address)						
	(City/State and Zip Code)						
For further information concerning this matter, please call:							
M. Daniel Sasso	at ( 239 ) 542-1355						
(Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the	e following amount:						
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &					

### 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

Real Time Solutions, LLC				
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on ou ability Company)	r records.)		
· ·	• • • • • • • • • • • • • • • • • • • •			
The Articles of Organization for this Limited Liability Company were filed on Feb. 20, 2002 and assigned				
Florida document number L02000003973				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the	designation "LI	LC" or the abbr	eviation
Enter new principal offices 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)		<del> </del>		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		ords, <u>enter th</u>	e name of the	<u>ie new</u>
			<b>₹</b> ←	
Name of New Registered Agent:			O9 N	
			AR AR	<u></u> _
New Registered Office Address:	(Enter Flo	rida street addi	resy)	一
	,			m
<del></del>	(City)	_, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			O9 AFE RIDA	

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

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	_		Add
			Remove
			Remove
	_		Add Remove
		<u></u>	- <del> </del>
			- Demove
	_		Add
			Remove
·			<b>=</b> ,
D. If a	mending any other information, ent	er change(s) here: (Attach additional sheets,	if necessary.)
	Change Article IV to state as follow	s: The limited liability company is a Member	/Managed
	company	****	
			<del></del>
			FIL 09 MAR 30 SECRETARY ALLAHASSE
Dated _	March 26	, 2009	R 30
	Signature of	a member or authorized representative of a mem	
	Tom L. Kenned	dy O	SIAIE ORIDA
		Typed or printed name of signee	

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Filing Fee: \$25.00