

L04,000007718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

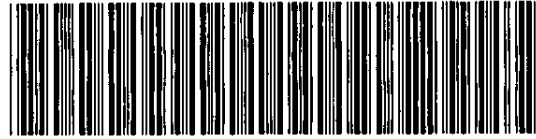
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 13 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06/14/16--01016--015.00

RECEIVED
DEPARTMENT OF STATE
16 JUN 13 PM 3:23

JUN 21 2016

Y SULKER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CSI IT, LLC

L0400007718

[Redacted Box]

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Call When Ready

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

6/13/2016

KM

Merger

Mark

Other

UCC

CUS

After 4:30

Pick Up

Order#:

10048680

Ref#:

Amount: \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

CT CORPORATION SYSTEM
KM

SUBJECT: CSI IT, LLC
Ref. Number: L04000007718

RE-SUBMIT
Please retain original filing
date of submission 6/13

We have received your document for CSI IT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 516A00012406

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSI IT, 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:

Terrell C. Madigan
Name of Person
Madigan Law Firm, P.L.
Firm/Company
Post Office Box 10321
Address
Tallahassee, FL 32302
City/State and Zip Code
tmadigan@madiganlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrell C. Madigan at (850) 224-8623
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**

CSI IT, 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 01/22/2004 and assigned Florida document number L0400007718.

This amendment is submitted to amend the following:

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

Team JBSD, LLC

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

Enter new principal offices address, if applicable:

1026 Surrey Farms Road

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32309

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

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TALLAHASSEE, FLORIDA
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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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------|--|
| AMBR | Thomas H. Edwards | 3512 MACLAY BOULEVARD S(C | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Multiple horizontal lines for amending information.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 13 AM 8:36

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0201 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 10, 2016

Signature of a member or authorized representative of a member

Joseph M. Bendix - Manager

Typed or printed name of signee