

LD4000036598

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

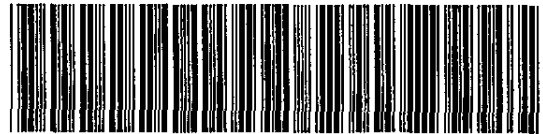
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIEGO MONTESDEOCA, 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:

Diego Montesdeoca

(Name of Person)

I. T. A. RESULTS, LLC.

(Firm/Company)

4987 N University Drive, Suite 29

(Address)

Lauderhill, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Diego Montesdeoca

(Name of Person)

at

954

(Area Code & Daytime Telephone Number)

572 5919

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**

DIEGO MONTESDEOCA, LLC.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 05/13/2004 and assigned  
document number L04000036598.

**SECOND:** This amendment is submitted to amend the following:

**Article I.**

The name of the Limited Liability Company is:

I. T. A. Results, LLC.

**Article II.**

The street address of the principal office of the limited Company is:

4981 N University Drive, Suite 29

Lauderhill, FL 33351

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06 FEB 20 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated February 13, 2006.



Signature of a member or authorized representative of a member

Diego Montesdeoca

Typed or printed name of signee

Filing Fee: \$25.00