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SECRETARY OF STATE

M. THOMAS

JUL 1 4 2008

EXAMINER

<i>-</i>	COVER LETTER			
TO: Registration Se Division of Cor	ction porations			
SUBJECT: Se	Name of Limited Liability Company)			
•	(Name of Emitted Elability Company)			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ndence concerning this matter to the following:			
	Kimberly Carlson (Name of Person)			
	Search I.T. LLC. (Firm/Company)			
	10015 Parley Drive (Address)			
	Tampe, Fl 33626 (City/State and Zip Code)			
For further information c	oncerning this matter, please call:	SECRET	JUL 80	
Kimbert	Person) at (813) 853-1241 (Area Code & Daytime Telephone Number)	SSE PL		
Enclosed is a check for th	ne following amount:	STATE	11:27	

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

Name of the Limited Lize (A Flo	ability Company as it rorida Limited Liability	now appears or Company)	n our records.)		
The Articles of Organization for this Limited Liabi	lity Company were fil	ed on <u>M</u>	12004	and ass	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability con	npany here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liabi	ility Company,'	' the designation	n "LLC" or the	abbreviation
Enter new principal offices address, if applicabl	e: 1 <i>D0</i>	715 Pa	rled Di	rive	
(Principal office address MUST BE A STREET A	IDDRESS) TO	impa,	Florida	rive L 33620	0
Enter new mailing address, if applicable:				SEC 3	08 08
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			<u> </u>	
				기원 기원 기원	9
B. If amending the registered agent and/or registered agent and/or the new registered office		lress on our	records, ente	er the dame of	of the new
Name of New Registered Agent:					
New Registered Office Address:					
(Enter Florida street address)					
			, Florida		
_	(City)			(Zip Cod	le)

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)

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Soarch I.T. INC	10000 Merrimac Manor D Riverview, FL 33569	Add Remove
<u>MGRM</u>	Jill Migliarese	10000 Merrimac Manor D Riverview FL 235769	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove 8
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	所でこに
			TH II: 27 F STATE FLORIDA
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Dated	1 1st) 20	<u>වරි</u> .	

Page 2 of 2

Filing Fee: \$25.00