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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| 105-82347 |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2.17.2

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: RETAINED SEARCH NETWORK, 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: |
| RANDALL BROOKFIELD (Name of Person) |
| |
| RETAINED SEARCH NETWORK (Firm/Company) |
| (Firm/Company) |
| 140 ISLAND WAY \$ 116 |
| (|
| CLEARWATER FL 33767 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at (727) 385-4456 (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status & 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

| _ | RETAINED SEARCH NETWORK, LLC. | |
|---------|---|------------------|
| | (Present Name) (A Florida Limited Liability Company) | |
| | | |
| | | |
| FIRST: | The Articles of Organization were filed on 08/19/05 and assigned document number LOSOOORZ347. | |
| SECOND: | This amendment is submitted to amend the following: | |
| | MANAGER MEMBER DETAIL | |
| | NAME CHANGED TO: | _ |
| | RANDALL BROOKFIELD | |
| | 140 ISLAND WAY SHITE # 116 | |
| | CLEARWATER FL 33767 | _ |
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| Dated | 1/11/06 | # \$* 12***** |
| | | ** * 5 5.5 |
| | And Back! | , 0 |
| | Signature of a member or authorized representative of a member | |
| | Typed or printed name of signee | |
| | i yped of printed name of signee | |

Filing Fee: \$25.00