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SECRETARY OF STATE

J. BRYAN

. BRYANEXAMINER

JUL 2 0 2010

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration S Division of Co		·		
SUBJECT:	Tampa Busine	ess Intelligence, LLC	,	
	Name of Limi	ted Liability Company		•
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Kimberly Griffis		_
~ .	+	Name of Person		
	Grif	fis and Associates, LLC		SECR TO
		Firm/Company		E I
		P O Box 915176		IS PR
	· · · · · · · · · · · · · · · · · · ·	Address		
		7144,000		PH 4: 18 Y OF STATE SEE. FLORIG
•	L	ake Mary, FL 32795-		_ REF.
		City/State and Zip Code		- <i>p</i>
	kgriffis	@griffisandassociates.co	m	
		o be used for future annual report no	otification)	
For further information	concerning this matter, please c	all:		
Ki	mberly Griffis	at (_321)_	356-4572	
Name	of Person	Area Code & Day	time Telephone Numb	er
,				
Enclosed is a check for	the following amount:		!	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certific	illing Fee, cate of Status & ed Copy onal copy is enclosed)
Regist	LING ADDRESS: tration Section	Registration Sec		
DIVISI	on of Corporations	Division of Corp	JOIATIONS	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA BUSINESS INTELLIGENCE, 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 Lia Florida document number L06000006	• • •	were filed on	01/20/2006	and assigned
This amendment is submitted to amend the follow	wing:		-	EISSEE, P
A. If amending name, enter the new name of	the limited liabi	<u>lity company here</u> :		FOR # D
Gr	riffis and Asso	ciates, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company	y," the designation "	LLC The abbreviation
Enter new principal offices address, if applicable:		433 Carina Cir	cle	
(Principal office address MUST BE A STREET ADDRESS)		Sanford, FL 32773-7371		
•				
Enter new mailing address, if applicable:		P O Box 95117	' 6	
(Mailing address MAY BE A POST OFFICE B	2 0 X)	Sanford, FL 32795		
B. If amending the registered agent and/or registered agent and/or the new registered offi		:	r records, <u>enter</u>	the name of the new
New Registered Office Address:	433 Carina C	Circle		•
	Enter Florida street address			
	Sanford		, Florida	32773-7371
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re- company has been notified in writing of this co	oper and compl tered agent as p egistered office o	ete performance of rovided for in Cha	f my duties, and I pter 608, F.S. Ør,	am familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>:

MGR = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Bethune	P O Box 951176 Lake Mary, FL 32795	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
ATT OF THE PROPERTY OF THE PRO			AddRemove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if nece	essary.)
——————————————————————————————————————		```	TO JUL SECRETA
		22	FILED LISPHUSSER, FRANK
Dated	Willy f		
		mber or authorized representative of a member L W Griffs Uped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00