

LD60000016264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200076426382

06/23/06--01043--011 **30.00

FILED
06 JUN 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEM

Jun. 22. 2006 2:37PM

Brian

No. 8964 P. 2

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:**IT. BIZ 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:

Louanne Walters

(Name of Person)

IT. BIZ LLC

(Firm/Company)

13014 N. Dale Mabry Hwy, #817

(Address)

Tampa, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Louanne Walters

(Name of Person)

at (813) 468-9866

(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
Cotton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Jun. 22. 2006 2:33PM

Brian

No. 8964 P. 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 2/14/2006 and assigned
document number 206000016264.

SECOND: This amendment is submitted to amend the following:

Please change the Managing
member to Luanne Walker
and the address to:

13014 N. Dale Mabry Highway
Unit 817
Tampa, FL 33618

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 23 PM 12:17

FILED

Dated 6/22/06

Carol Gerhardt

Signature of a member or authorized representative of a member

Carol Gerhardt

Typed or printed name of signer

Filing Fee: \$25.00