## L06000023798

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
MAR 1 2 2008
EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SURF	ECT: I-Te	ech Solutions, LLC		
O C DO			ited Liability Company)	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Anthony Jagl	(Name of Person)	· · · · · · · · · · · · · · · · · · ·
			(1.001)	
		Bull and Ass	ocites, P.A.	
	•	·	(Firm/Company)	
	·	111 North Or	ange Ave., Suite 950	
			(Address)	
		Orlando, FL	32801	<u> </u>
			(City/State and Zip Code)	
For fu	rther information o	concerning this matter, please c	all:	
Aı	nthony Jagla		at ( 407) 843-5291	
	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclos	ed is a check for t	he following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

AR	FICLES OF AMENDMI	ENT	<u> 9</u>
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ART	MAR.		
	OF	•	TAR OF C
			_ ~~\m\
	I-Tech Solutions, LLC		RP OR S
( <u>Name of the Limited</u>	Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)	RAII
			50 10NS
The Articles of Organization for this Limited L	iability Company were filed on _	03/03/06	and assigned
Florida document number <u>L06000023798</u>	•		
This amendment is submitted to amend the foll	owing:		4
	•		
A. If amending name, enter the new name of the new name must be distinguishable and end with "L.L.C."			'LLC" or the abbreviation
		,	
B. If amending the registered agent and	or registered office address o	n our records, enter	the name of the nev
registered agent and/or the new registered o	<u>ffice address here</u> :		<del>"</del>
	V Mass		
Name of New Registered Agent:	KEN MAAS		
New Registered Office Address:	6619 REE 1	- CINCLE	
		(Enter Florida street ad	ddress)
	TAMAA	, Florida	33625
	(City)		(Zip Code)

## 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 = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Fitle</u>	Name	Address	Type of Action
MG RM	James Maddox	3277 Sequoyah Circle Jacksonville, FL 32259	Add X Remove
MGRM	PAUL W HUTCHISON IT	SDW FALON ARIVE ILBANDET SQ PA 19348	Add Remove
<del></del>	·		Add Remove
			Add Remove
<del></del>			Add Remove
<del>-</del>			Add Remove
). If amendi ——	ng any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	SECRETA DIVISION OI 08 MAR 1
		·	FILED STATE OF CORPORATIONS
Dated	Haren 5, 20	08	
-	Signature of a memb	or or authorized representative of a member  or TCH ISON III ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00