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DIVISION OF CORPORATIONS

OR SEP 29 PH 2: 57

J. BRYAN
SEP 3 0 2008
EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJECT:		TBA IT S	SERVICES LLC	
		(Name of Lin	nited Liability Company)	
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Michael Ortiz, Esq.	
			(Name of Person)	*a-n
			Michael Ortiz, P.A.	8
			(Firm/Company)	08 SEP 29 PH 2: 57
			2121 Ponce de Leon Blvd. Suite	#330 COR
			(Address)	# 6
			Coral Gables, FL 33134	'." '!' ''
			(City/State and Zip Code)	
For fur	ther information (concerning this matter, please o	call:	
		ael Ortiz	at (305) 476-5270	
(Name of Person)		of Person)	(Area Code & Daytime	Telephone Number)
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBA IT SERVIC (Name of the Limited Liability Compa (A Florida Limited I		PH 2: 54
(A Florida Limited I	Liability Company)	2. J.
The Articles of Organization for this Limited Liability Company	y were filed on	الم
Florida document number L06000108609		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limit".L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street	address)
	Florida	•

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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:

MGR = Manager

MGRM = Managing Member **Title** Address **Type of Action Name** MGR Brasso, Bruno 2121 Ponce de Leon Blvd 🗖 Add Coral Gables, FL 33134 Remove ☐ Add Remove 🗂 Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 25 2008 Dated_ Signature of a member or authorized representative of a member Michael Ortiz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00