

LO7000034736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

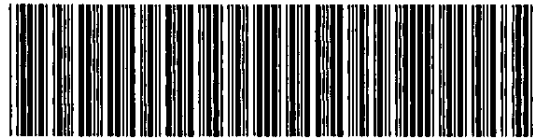
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
12 DEC 13 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 14 2012
EXAMINER

1012-40284



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

VINCENT PLUMB
5728 MAJOR BLVD, SUITE 500
ORLANDO, FL 32819

SUBJECT: FORCE GROUP NETWORK LLC
Ref. Number: L07000054736

We have received your document for FORCE GROUP NETWORK LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 712A00028753

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORCE GROUP 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:

VINCENT PLUMB

Name of Person

FORCE GROUP NETWORK, LLC

Firm/Company

5728 MAJOR BLVD SUITE 500

Address

ORLANDO, FL 32819

City/State and Zip Code

ACCOUNTING@FORCEGROUPONETWORK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT PLUMB

Name of Person

at **877 877-9935**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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AND
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORCE GROUP NETWORK, 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 Liability Company were filed on MAY 23, 2007 and assigned
Florida document number L07000054736

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FORCE GROUP NETWORK, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8815 CONROY-WINDERMERE ROAD
SUITE 538
ORLANDO, FL 32835

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

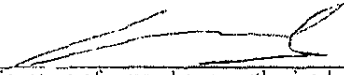
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 26 2012


Signature of a member or authorized representative of a member

VINCENT PLUMB

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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