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D. BRUCE
NOV 1 8 2008
EXAMINER

## **COVER LETTER**

SUBJECT: Internet Technology Consulting, 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:  Carol Patton (Name of Person)  Internet Technology Consulting, LLC  (Firm/Company)  412 East Madison Suite 1220 (Address)  Tampa, FL 33602 (City/State and Zip Code)  For further information concerning this matter, please call:  Carol Patton  at (813 ) 300-8751 (Name of Person)  (Area Code & Daytime Telephone Number)		Registration Sect Division of Corpo		,			. :		•	: ::
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Enclosed is a check for the following amount:	Enclosed is	a check for the i	following amount:	•						
☑ \$25.00 Filing Fee ☐\$30.00 Filing Fee & ☐\$55.00 Filing Fee & ☐\$60.00 Filing Fee,  Certificate of Status & Certified Copy Certificate of Status &	\$25.00	Filing Fee					□se	0.00 Filing	g Fee,	Α
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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

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

. Int	ernet Technology Consulting, LL	C .			
( <u>Name of the Limited</u> (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Li	ability Company were filed on	08/22/2007	and assigned		
Florida document numberL07000086142	·		•		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability company he	ere:			
		•			
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Comp	pany," the designation	"LLC" or the abbreviation		
	, 		SEC SEC		
Enter new principal offices address, if applica	ıble:	· · · · · · · · · · · · · · · · · · ·	7.5		
(Principal office address MUST BE A STREE	T ADDRESS)		17. NO.		
			SER		
·		•	P. A		
Enter new mailing address, if applicable:	•				
(Mailing address MAY BE A POST OFFICE I	BOX)		<u> </u>		
	•		. <b>V</b>		
		,	· , : · ·		
B. If amending the registered agent and/o		our records, ente	r the name of the new		
registered agent and/or the new registered of	<u>ice address here</u> :	•			
·		•			
Name of New Registered Agent:	Mary Jane Campbell				
New Registered Office Address:	21 Marina Terrace	•			
	(I	Enter Florida street address)			
•	Treasure Island	, Florida	33706		
	(City)		(Zip Code)		
New Degistered Agent's Signature if changing D	agistared 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 Registere) Agent, Senature of New Regis

Page 1 of 2

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

<u>itle</u>	<u>Name</u>	Address	Type of Actio
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If amendir	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
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_	Jef	for authorized representative of a member for A. Peters printed name of signee	11: 4:4

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Filing Fee: \$25.00