¥.

L07000115731

| (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:

L. SELLERS

JAN 7 2008

EXAMINER

Office Use Only



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2008 JAN -3 PH 3: 38
SECKETARY OF STATE
SECKETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | ÷ | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: Executive Computer Fore | ensic Services, LLC. | | | | | |
| | e of Limited Liability Company) | | | | | |
| The enclosed Articles of Amendment and fee(s Please return all correspondence concerning th | | · | | | | |
| John M. Conn | | | | | | |
| | (Name of Person) | | | | | |
| Executive Cor | nputer Forensic Services, LLC. | | | | | |
| | (Firm/Company) | | | | | |
| 1971 West Lu | msden Rd. #116 | | | | | |
| | (Address) | | | | | |
| Brandon, Florida 33511 | | | | | | |
| | (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| John M. Conner (Name of Person) | at (813) 500-1699 (Area Code & Daytime | Telephone Number) | | | | |
| framing of 1 Athorn | (And code a Dhythio | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$25.00 Filing Fee \$30.00 Filing Fe Certificate of S | | \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Executive Computer Forer (Name of the Limite | nsic Services, LLC. d Liability Company as it now a A Florida Limited Liability Comp | ppears on our records.) | |
|---|--|------------------------------|--------------------------|
| , | | | |
| The Articles of Organization for this Limited I | Liability Company were filed or | 11/15/2007 | and assigned |
| Florida document numberL070001157 | 31 | | |
| This amendment is submitted to amend the fol | flowing: | | |
| A. If amending name, enter the new name | of the limited liability compan | y here: | |
| N/A | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liability C | company," the designation "I | LLC" or the abbreviation |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, enter t | the name of the new |
| Name of New Registered Agent: | N/A | | |
| | N/A | | |
| New Registered Office Address: | IN/A | (Enter Florida street ad | dress) |
| | N/A | , Florida N | /A |
| | (City) | , Fibrica 14 | (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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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 | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|---|---|----------------|
| MGRM | John M. Conner | 1005 Westbury Pointe Dr. #204 Brandon, Florida 33511 | Add Remove |
| MGRM | Hilda M. Conner | 23280 S.W. Marine Blvd. Dunnellon, Florida 34431 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | _ |
| <u> </u> | · | | - |
| | ember 29 2007 | | - - |
| Dated Dec | gahn m. | Conver | 2008 JAN - |
| | | m. Conner printed name of signee | TARYOF S |
| | | Page 2 of 2 ng Fee: \$25.00 | PH 3: 38 |