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SECRETARY OF CIATE
DIVISION OF CORPORATION:

G. MCLEOD

MAR - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo	rations	
SUBJECT:	SALES VALENT SOLUTIONS LLC (Name of Limited Liability Company)	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	FREDERIC D. FITTER (Name of Person)	
	(Firm/Company)	
	6720 NW 26 th WAY	
	(Address) FT LAVARRALE FL 33309 (City/State and En Code)	
For further information con-	cerning this matter, please call:	
FREDERIC D (Name of F	Person) at (954) 804 - 8866 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	d)

★ 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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF AMENDMENT 08 MAR -5 PM 1: 39 ARTICLES OF ORGANIZATION OF

SALES TALENT	· SOLUTIONS,	LLC	
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears or rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil	ity Company were med on	29/07 and assigned	
Florida document number L 07 000 11	9257		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the RITE MARINE. The new name must be distinguishable and end with the			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or r		records, enter the name of the new	
registered agent and/or the new registered office	<u>address nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
_		, Florida(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope	er and complete performance of n	ny duties, and I am familiar with and	
accept the obligations of my position as registere being filed to merely reflect a change in the registerm party has been notified in writing of this change.	stered office address, I hereby co		

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

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>	Address	Type of Action	
			Add Remove	
			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
	<u> </u>		Add Remove	
			Add Remove	
			Add Remove	
D. If ame	ending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_	
-			_	
- Dated	MARCH 3	2008	_	
	Signature of a mental property of the Deric D.	mber or authorized representative of a member F. TER yped or printed name of signee		
	Ty	yped or printed name of signee		

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Filing Fee: \$25.00