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DEFALL SEEL FLORIDA

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

FILED 10 FEB - 5 PM 3: 16 SEERITARY OF STATE

T. HAMPTON
FEB - 5 2010
EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pichard = Name of Lir	Envestigations, LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
	Ja L. Pichard Name of Person
Pichard In	restigations / Executive Inv. of Tall.
<u>2037</u>	DOOMAR DRIVE Address
Tallat alpi E-mail address:	City/State and Zip Code Chard a hot maid Com (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Angul Pichard Name of Person	at (850) 443-3944 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

;•

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number LOS DOOS 15	ompany were filed on <u>May 15, 2008</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Executive Inves The new name must be distinguishable and end with the word "L.L.C."	ted liability company here: Stigations of Tallahassee LL ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent: New Registered Office Address:	Cott T. Hunt D37 DOOMAR Drive Enter Florida street address
To	City Slorida 32308 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
M6RM	Michael R. EDli	0 2037 DOOMAE DR. Tallatanee Fr. 32308	Add Remove
M6RM	Victor M. Schutt	2037 Donne prive Tallahosses Fr. 32308	Add Remove
M <u>6r</u> M	Scott T. Hunt	2037 DOOMAR Drive Tallahasser Fr. 32308	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			10 FE T
			-5 -5 M
Dated Fe	bruary 5, 2011	Pi (Done)	# 16
•	Signature of a member of Angela	r authorized representative of a member L. Pichard	
-	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00