L08000048707

(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:
,
ļ

Office Use Only



800197229358

03/17/11--01003--002 **25.00

DEPT. 1917 HE SE CHATE INISIDE OF CORPORATIONS TALLAHASSEF, FLORIDA

11 MAR 17 AM 9: 35

DIVISION OF CORPORATION

N. Cuiligan MAR 1 7 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Executive Investigations of Tallahasles 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:
Angela L. Pichard Name of Person
Executive Investigations of Tall, UC
PO Box 12385 Address
Tallahassel F. 32317 City/State and Zip Code Angil @ EITallahassel, Com E-mail)ddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela L. Pichard at 850 443, 3944 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Solutional Filing Fee & Certificate of Status} \text{Solutional Copy is enclosed} \text{\$\text{Solutional Copy is enclosed}} \text{\$\text{\$\text{Solutional Copy is enclosed}}} \text{\$\text{\$\text{\$\text{Solutional Copy is enclosed}}} \text{\$\text{\$\text{\$\text{\$\text{Solutional Copy is enclosed}}}} \$\text{\$\tex

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

	Investig			allaha	sseg (C
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Li	y as it now appe ability Company	ars on our recor)	<u>ds.</u>)		
The Articles of Organization for this Limited Li			5-15-08	and as	ssigned	
Florida document number LO8 000	<u> 94878</u> 7	7				
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liabil	ity company h	<u>ere</u> :			
				willian to the or		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Com	pany," the design	ation "LLC" or the	abbieviation	
Enter new principal offices address, if applica	able:			2	; ZA	
(Principal office address MUST BE A STREE	T ADDRESS)			***		
				5		
				z.		
Enter new mailing address, if applicable:				ā	<u> </u>	١
(Mailing address MAY BE A POST OFFICE I	BOX)					
						
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, g	enter the name	of the new	
Name of New Registered Agent:	Ange	la L	. Picho	ard	, , ,	
New Registered Office Address:	2037	DOOM	AR DR	we		
		E	Enter Florida stre	eet address	**	
	tallah	asse	, Flor	ida <u>3230</u>	8	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** MGRM Scott T. Hunt Remove ☐ Add Remove ☐ Add \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MOV (Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00