

# L08000048707

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

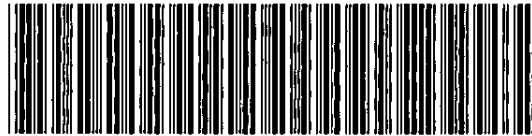
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 14 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Executive Investigations of Tallahassee, 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 Tallahassee, LLC

Firm/Company

PO Box 12385

Address

Tallahassee, FL 32317

City/State and Zip Code

Angie@EITallahassee.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angela L. 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      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$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 Investigations of Tallahassee, LLC  
**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/15/2008 and assigned Florida document number L08000048707.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

1114  
Thomasville Road  
Suite # G  
Tallahassee, Fl. 32303  
  
Po Box 12385  
Tallahassee, Florida 32317

114  
THOMASVILLE ROAD  
SUITE # G  
TALLAHASSEE, FLORIDA 32303  
PO BOX 12385  
TALLAHASSEE, FLORIDA 32317

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Angela Pichard

New Registered Office Address:

1114  
Thomasville Road Suite # G  
*Enter Florida street address*  
  
Tallahassee, Florida 32308  
*City 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.*

Angela Pichard  
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

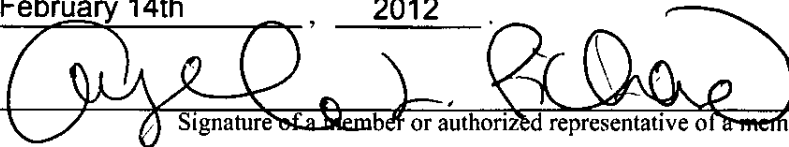
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Angela L. Pichard	1114 Thomasville Road Suite # 6 Tallahassee, FL 32303	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Scott T. Hunt	1114 Thomasville Road Suite # 6 Tallahassee, FL 32303	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Darrell Goodwin	1114 Thomasville Road Suite # 6 Tallahassee, FL 32303	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Angele Robertson-Pichard	2037 DOOMAR DR. Tallahassee FL 32308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
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Dated February 14th, 2012



Signature of a member or authorized representative of a member

Angela L. Pichard

Typed or printed name of signee