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Amendment 208-56010

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MENTETARY OF STATE

TALLAHASSEE, FLORDA

N. CAUSSEAUX JUL 1 0 2008 EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT: MARBUTT PROCESS SERVICE OF TAMPA BAY LLC						
	(Name of Lim	ited Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	STEPHEN D. GREEN					
		(Name of Person)				
	MARBUTT INVESTIGAT	TIONS, INC				
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
	123 E. CENTRAL AVE S	SUITE 1				
	120 E. OEITTAL NAZ C	(Address)				
	LAVE WALES ELODIDA	3.00050				
	LAKE WALES, FLORIDA	(City/State and Zip Code)				
For further information of	oncerning this matter, please c	all:				
STEVE GREEN		at (863) 676-0510				
	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for the	ne 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			

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARBUTT PROCESS SERVICE OF TAMPA BAY, 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 06/05/2008 Florida document number L08000056010 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) 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: New Registered Office Address: (Enter Florida street address) (City)

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>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
MEM	Earl H.	Forde 1104 69th St. S. **Tampa, Fl 33619	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other info	ormation, enter change(s) here: (Attach additional sheets, if neo	MALLAHASSES, ILORIDA
Dated	7 7	Signature of a member or authorized representative of a member of the signature of the s	butt Dur.
		Typed or printed name of signee Page 2 of 2	Inc

Filing Fee: \$25.00