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Special Instructions to Filing Officer:

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EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T M O

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
٠	Michael Davis Name of Person
	Firm/Company
	P. D. Box 2926 Address
	Land O Lakes FL 34639 City/State and Zip Code
	brothers 3 enterprises @ amail com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
M	ichael Davis at 151, 819-4246 Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$2 5.	00 Filing Fee Solution Status

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

<u>SDE IT Solu</u>	tions, LLC
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appear's on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number LO800061614.	were filed on June 23, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ENTERPRISING BROTHER	SILCO.
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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)	P.O. Box 2926 Land O Lakes, FL 34639
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	=====================================
New Registered Office Address:	
	Enter Florida street address & S
	City Zip Zpde 1
New Registered Agent's Signature, if changing Registered Agent:	City Papel To Papel T
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p	ete performance of my duties, and I am familiar with and

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 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 Name **Address Type of Action** Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00