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SECRETARY OF STATE
AND ANASSEE FIGRIO.

D. BRUCE
AUG 29 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INTEL OPERATIONS, LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	08 SE
Please return all correspondence concerning this matter to the following:	AUG 28
Gregory Oboikovitz (Name of Person)	H 7
INTEL OPERATIONS, UC (Firm/Company)	H IZ: 23 H STATE FILORIDA
P.O. Box 600316 (Address)	
Jacksonville, FL 3226	0-0314
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Gregory Oboi Kouitz at (904) 591-3069 (Area Code & Daytime Telephone 1	Numb er)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	00 Filing Fee, rtificate of Status & rtified Copy Iditional 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

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1080005708 79	were filed on 7/23/08 Sand assigned AHASSE 28
This amendment is submitted to amend the following:	ility company here:
A. If amending name, enter the new name of the limited liab	ility company here: ORDA 7: 23
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3651 Rond Ridge C+W Jacksonville Fl 32003
Enter new mailing address, if applicable:	P.D. BOX 600316
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FC 32260-0310
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent: (5 (PGO)	sy Oboikovitz
New Registered Office Address: 3551	Pond Ridge Ct. W. (Enter Florida street address)
	enville Florida 32223
	(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.

/IGR = M /IGRM =	anager Managing Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
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			Remove
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. Hamei	iding any other information, en	ter change(s) here: (Attach additional	sheets, if necessary.)
			08 TALL
			08 AUS 28 SECKETARY
			SSE CONTRACTOR OF THE PROPERTY
			AUS 28 PH 12: 23 ARETARY OF STATE AHASSEE, FLORIDA
Dated		1 1 1	10A
	(2) r	I INT	