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TALLAHASSEE, FLORIDA

D. BRUCE SEP **0** 5 2008

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: High Octave Sales Solutions (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:
Key, N Odermatt (Name of Person)
High Octave Sales Solutions (Firm/Company)
2411 Jaywood Dr Aug & REE &
THUSVILLE FL 32780  ACT THE STATE AND THE ST
For further information concerning this matter, please call:
Kevin Odermatt at (321) 205-3900  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$\square\$\$\$\$55.00 Filing Fee & \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

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## MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Octave SAles  (Name of the Limited Liability Compa (A Florida Limited)	Solutions		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record: Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000071788</u>	were filed on Avg 25	2008 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		TALLI	
(Principal office address MUST BE A STREET ADDRESS)			
		SS T Inches	
	,		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		0.77	
B. If amending the registered agent and/or registered of		iter the name of the new	
registered agent and/or the new registered office address her	<u>:e:</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florid		
	(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.

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>Address</u> **Type of Action** <u>Name</u> MGRM Michael Morrissette 55 Camelia Dr. Pensacola Fl ☐ Add Remove **₫** Add Remove ☐ Add ☐ Add ☐ Remove 🗂 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 1, 2008. Signature of a member or authorized representative of a member W Odermatt Typed or printed name of signee

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Filing Fee: \$25.00