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**EXAMINER** 



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01/18/10--01058--016 \*\*25.00

10 JAN 19 AM 9: 55

SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Timothy J. Blakley Name of Person			
Investigative Training, 11C			
537 US Huy One, Suite 8			
North Palm Beach FL 33408 City/State and Zip Code			
Abo on track in vestigations corn E-mail address: (to be used for future annual report polification)			
For further information concerning this matter, please call:			
Timothy or Dana Blakley at (561) 881 8141 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Duplicate - originals sent yesterdan I forgot to enclose a check

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISIONE	Aplica
10 JAN 10	ARYCE CONFORATION
J. L. L	AMO: 55

In Vesti ac (Name of the Limited Liabil (A Florid	a tive Training L. L. 196: 55  lity Company as it now appears on our records.)  da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>LO8()000</u> 833	y Company were filed on $\frac{9/2/08}{47}$ and assigned		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		

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, 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>	Address	Type of Action
MOR	Dana Blakiey	537 US Highway One # , North Palm Bch, Fil 33408	Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
	1,0	(0	
Dated	Signature of a memb	ber or authorized representative of a member	<del></del>
	Timothy J Typ	BIGICI-CU ed or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00