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(Requestor's Name)				
(Ad	Idress)			
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(Cit	ty/State/Zip/Phone	e #)		
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
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10 FEB -8 PH 3: 02

SECRETARY OF STATE
ANALYSIS

D. BRUCE

FEB 9 2010

EXAMINER

COVER LETTER

Division of	Corporations			
SUBJECT:	AC	ACCURIT LLC Name of Limited Liability Company		
	Name of Lin			
The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
		Sandra Freire		
		Name of Person	,	
	 	AccuriT LLC		
		Firm/Company		
		9350 Via Murano ct		
		Address		
		Fort Myers, Fl 33905		I CA
		City/State and Zip Code		FEB -
	E-mail address:	candrafre@yahoo.com (to be used for future annual report)	notification)	3-8 TARY ASSEE
For further information	on concerning this matter, please	call:		EB-8 PH 3: 02 RETARY OF STATE AHASSEE. FLORID,
	Sandra Freire	at (239)	9802017	02 RIDA
Name of Person			ytime Telephone Number	
Enclosed is a check f	or the following amount:			
 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	e of Status &
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Registration So Division of Co Clifton Buildir	orporations ng e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCUR				
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed onJanuary 21, 20	09 and assigned		
Florida document number <u>L0900008963</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
AccurIT Sen	vices,LLC			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4901 Palm Beach Blvd,	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	Suite #1	- F.C P		
	Fort Myers, FI 33905	HAN B I		
		AUSSE AUSS		
Enter new mailing address, if applicable:		- 19 32 [1]		
(Mailing address MAY BE A POST OFFICE BOX)				
		02 NTE NDE		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	address		
	, Florida			
	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 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 MGRM** Luis Freire 4560NW 16 Terr. ☐ Add Fort Lauderdale Fl 33309 √ Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 04, 2010. Signature of a member or authorized representative of a member Sandra Freire Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00