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COVER LETTER

Division of Co	rporations			
SUBJECT: Data S	niffers International,	LLC		B
		ited Liability Company)		_
	Amendment and fee(s) are sub ondence concerning this matter	_		
	Hernan Vinueza			
		(Name of Person)		
	Data Sniffers Internation	al, LLC		
		(Firm/Company)	200 TAL	
	4526 Preston Woods Dr		2009 MAY -6 SECRETARY ALLAHASSE	- Company
		(Address)	Y-6 TAR ASS	
	Valrico, Fl 33596		C*****	E
		(City/State and Zip Code)	AH II: 23 OF STATE E FLORIDA	Ö
For further information of	concerning this matter, please c	all:	23 10 ₄	
Hernan Vinueza		at (813 ₎ 689-2383		
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is ea	

MAILING ADDRESS:

TO:

Registration Section

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

Data Sniffers International, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 13, 2009 and assigned Florida document number L09000014728 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel Sirois	6307 S Richard Ave Tampa, Fl 33616	Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			SECRE Add Add Ass.
			Remove
D. If amendir	ng any other information, enter cha	nge(s) here: (Attach additional sheets,	if necessary.)
Dated April 20		~ · · · · · · · · · · · · · · · · · · ·	
	_	per or authorized representative of a member	₽ T
_	Hernan G. Vinueza	ed or printed name of signee	

Page 2 of 2

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