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EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJECT: Interpretive Dynamics, LLC					
50001	<u> </u>		ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Anne D. Castellina		
			Name of Person		
		Inte	rpretive Dynamics, LLC		
			Firm/Company		
		69	01 23rd Avenue West		
	Address				
		E	Bradenton, FL 34209		
			City/State and Zip Code		
		E-mail address: (t	castellina@hotmail.com to be used for future annual report no	tification)	
For fur	ther information c	oncerning this matter, please c	all:		
	Anne Name o	D. Castellina	at ( 941 ) Area Code & Dayt	794-3604	
	Name	i r cison	Area code & Dayi	and receptoise rumoer	
Enclos	ed is a check for th	ne 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 enc.)	

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

Interpretive Dynamics, LLC

(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	05/20/2009	and assigned
Florida document numberL09000049	417	<del>(</del>	10 % /
This amendment is submitted to amend the follo	wing:		and assigned\
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Comp		
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	····	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:	E.	nter Florida street add	leoss
	Ei		/ C33
	Cit.	, Florida	Zin Coda

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>	Address	Type of Action
MGRM	Anne D. Castellina	6901 23rd Avenue West Bradenton, FL 34209	Add Remove
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and the state of t			Og Stade Roggover L
			Add N Remove
			AddRemove
***************************************			AddRemove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if nece	essary.)
Dated	09/26	e D. Pastellia	
		a member or authorized representative of a member	
		Anne D. Castellina Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00