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2024 AUG 26 PH 12: 35 SECRETAR / OF STATE TALLAHASSEE, FL

M

COVER LETTER

Division of Cor	porations				
	I Investigations, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Mary E. Cramer-Scharlatt,	President			
		Name of Person			
	Confidential Investigations	. LLC			
		Firm/Company			
	9664 Royal Palm Boulevar	d			
		Address	<u>.</u>		
	Coral Springs, FL 33065				
		City/State and Zip Code			
	eramerm91@confidentialinvestigationsfl.com			202 SE	
	E-mail address: (to be used for future annual report notification	n)	TACRI TACRI	
For further information c	oncerning this matter, please ca	all:		2024 AUG 26 SECRETAR TALLAH <i>I</i>	- و مد سد - اماد م
Mary E. Cramer-Scharla	11	954 907-4357 at ()		6 PH ASS	1
Name o	of Person		phone Number	A AUG 26 PH 12: 35 CRETARY OF STAT TALLAHASSEE, FL	,
Enclosed is a check for the	he following amount:			: 35 FL	
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$ 60.00 Filin	o Fee	
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Co	of Status &	

Mailing Address:

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Confidential Investigations, LLC		<u> </u>
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 08/06/2009	and assigned
Florida document number L09000075403	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2024 TT
B. If amending the registered agent and/or register		AUC
B. If amending the registered agent and/or register	red office address on our records, <u>e</u>	nter the name of the new registere
agent and/or the new registered office address here	:	
		PHIZ OF S SEE,
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street a	iddress
		_, Florida
	Citv	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Jeffrey I. Scharlatt	9664 Royal Palm Boulevard	□Add
		Coral Springs, FL 33065	■Remove
			■ Change
DIR	Jeffrey I. Scharlatt	9664 Royal Palm Boulevard	■Add
		Coral Springs, FL 33065	□Remove
			□ Add
			SECRETCHANG PH
			- Privad 25 -
			FL 35
			□Change
			Remove
			□Change
			bbAC
			□Remove

Change

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