## 109000088027

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JAN 25 2010

**EXAMINER** 

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## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	·CT·	INE	DAVO LLC			
SUBSE		Name of Limi				
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			William J. Tait, Jr.			
			Name of Person		2011 SE TAL	
Ec		oSystem Partners LLC		CARE		
	Firm/Company		Firm/Company		TAR) IASS	
	1061 Windwood Way			Υ 03. Υ 03.	2	
	Address		2010 JAN 22 PM 1: 12 SECRETARY OF STATE TALLAHASSEE. FLORIDA	_		
	Tallahassee FL 32311			ALE ALE	5	
	City/State and Zip Code					
		V	cfftr.tait@gmail.com to be used for future annual repo	et instifferation		
For fur	ther information	concerning this matter, please of		at nonneauony		
		-				
		iam J. Tait, Jr.	at ( <u>850</u> )	878-0500 Daytime Telephone Number	<del>_</del>	
	, tuno	01103011	Anon Cout to	payamo rotopiono reamos.		
Enclose	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Section 1997 and a Tallahassee, FL 32314		Registration Division of Clifton Build	Corporations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INDAVO LLC				
( <u>Name of the Limited I</u> (A)	Liability Company as it now appe Florida Limited Liability Company	a <u>rs on our records.</u> ) )			
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on		and assigned		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company h	ere:			
E	coSystem Partners LLC		201 SÉ		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation '	"L C or the abbreviation		
Enter new principal offices address, if applica	ble:		£;; ~ ~		
(Principal office address MUST BE A STREET	ADDRESS)		The Table		
Enter new mailing address, if applicable:			STATE 12		
(Mailing address MAY BE A POST OFFICE B	OX)				
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter	the name of the new		
New Registered Office Address:					
New Registered Office Address.	Enter Florida street address				
	, Florida				
	City		Zip Code		
New Registered Agent's Signature if changing De	agiotered Agent.				

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 on Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** \_ Add Remove ☐ Add Remove Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess@ Dated Signature of a member or authorized representative of a member William J. Tait, Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00