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EXAMINER



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COVER LETTER

TO: Registration Division of C				
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Mena Michael		
		Name of Person		
myitdept.com, LLC				
Firm/Company				
	43 Sailfish Dr.			
		Address		
	Р	onte Vedra, FL 32082		
		City/State and Zip Code		
		DEPT@HOTMAIL.COM		
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	call:		
N	Mena Michael	at (904) 55	25-8637	
Name	Name of Person Area Code & Daytime Telephone Number		elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

myitdept.c	om, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>ny as it now appeal</u> iability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	11/12/2009	and assigned
Florida document numberL09000108664			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company her	<u>·e</u> :	
myitexpress.c	•		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	any," the designation "L	
Enter new principal offices address, if applicable:			SECRE VISION 09 NOV
(Principal office address MUST BE A STREET ADDRESS)			
	•		
			- 30
Enter new mailing address, if applicable:		· -	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			04
B. If amending the registered agent and/or registered off		our records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office address here	2:		
Name of New Registered Agent:			····
New Registered Office Address:			
	En	ter Florida street addr	ress
		, 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			— ~
			——————————————————————————————————————
			Add Remove
			Remove
D. If amen	nding any other information, ente	r change(s) here: (Attach additional si	
_	44.40.0000		
Dated	11/13/2009 ,		
	Signature of a	member or authorized representative of a	member
		Typed or printed name of signee	

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Filing Fee: \$25.00