

L10 0000/0553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

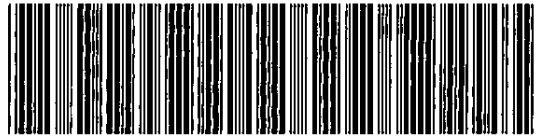
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MAR 12 2010

EXAMINER



300171593413

03/11/10--01042--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 11 PM 2:49

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: By Others Integrated Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha D Quinn
Name of Person

By Others Integrated Services, LLC
Firm/Company

4230 Pablo Professional Court Suite 101
Address

Jacksonville, FL 32224
City/State and Zip Code

dquinn@questcominc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha D Quinn at (904) 992-4405
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 11 PM 2:49

By Others Integrated Services, 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 01/28/2010 and assigned
Florida document number L10000010553.

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:

Martha D Quinn

New Registered Office Address:

4230 Pablo Professional Court Suite 101

Enter Florida street address

Jacksonville

Florida

32224

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.

Martha D Quinn
If Changing Registered Agent, Signature of New Registered Agent

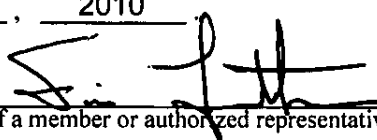
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| MGRM | Nikia J Morris | 4230 Pablo Professional Court Suite 101 Jacksonville, FL 32224 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | John W Morris III | 4230 Pablo Professional Court Suite 101 Jacksonville, FL 32224 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Michelle K. Price | 4230 Pablo Professional Court Suite 101 Jacksonville, FL 32224 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Martha D. Quinn | 4230 Pablo Professional Court Suite 101 Jacksonville, FL 32224 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 9th, 2010



Signature of a member or authorized representative of a member

Scott Fenstermacher

Typed or printed name of signee