110000012474

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000265492380

10/22/14--01015--007 **30.00

2014 OCT 22 A II: OB

B. DOSHEK

OCT 2 4 2014

COVER LETTER

•	ision of Corp			
SUBJECT:	Assured I	nformation Technolog	y Engineering, LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jason Eddy		
		.	Name of Person	
		Assured Information	Technology Engineering, LLC	
			Firm/Company	**************************************
		3275 Progress Dr, S	Ste A	
			Address	
		Orlando, FL 32826		
			City/State and Zip Code	
		jason.eddy@aitengir		
			to be used for future annual report notification	1)
For further in	nformation co	ncerning this matter, please c	ali:	73
Jason Ed	ldy		407 618-4471	
	Name of	Person	Area Code Daytime Telep	ohone Number 1914 OCT 22 A 11 Section 1914 OCT
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & 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

Assured Information Techn			
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Lie Florida document number	·	were filed on February 3, 20	and assigned
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with the v	words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3275 Progress Dr, Ste A	.
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando, FL 32826	2514
Enter new mailing address, if applicable:		3275 Progress Dr, Ste A	2000
(Mailing address MAY BE A POST OFFICE)	BOX)	Orlando, FL 32826	
B. If amending the registered agent and/orthe new registered of	_		enter the name of the new
Name of New Registered Agent:	No ch	ange, only add	ress update
New Registered Office Address:	3275 Progr	ess Dr, Ste A Enter Florida street address	
	Orlando	, Flo	_{rida} 32826
		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 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 Changing Registered Agent, Signature New Registered Agent

Page 1 of 3

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		**************************************	Remove
			
		*	☐ Remove
			☐ Add Remove
			T 22 A 18d 06
			☐ Remove
			Add
			☐ Remove
	****		Add
			Remove

indab 1	MGR address	(Attach additional she	addresses
upaar 1	110 K WARESS	and all	<u>aavresse</u>
on tile	to new add	liess at :	3275
Progress Di		Ando, FL	32826
ve date, if other than the	date of filing:		(optional)
ctive date must be specific, cannot this document is filed by the Fi	ot be prior to date of receipt or filed	date and cannot be more th	an 90 days after
October 17	2014		
October 17			
	511		
		•	
	von sny		
locan Edd	Signature of a member or authorize	ed representative of a men	iber
Jason Eddy	0		iber
Jason Eddy	Signature of a member or authorize Typed or printed r		ber
Jason Eddy	0		
Jason Eddy	0		iber

Page 3 of 3

Filing Fee: \$25.00