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SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

Division of Cor	porations
SUBJECT:	IARNER BUSINESS RESOURCES GROUP
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	VOS SPH VARNER
	Name of Person
	SUNDELT BUSINESS BROKERS OF TAMPA BAY
	Firm/Company
	5111 MEMORIAL HWY.
	Address
	TAMPA FL. 33634 City/State and Zip Code
•	City/State and Zip Code
	OLVARNER SUNDELL - TAMPA: COM
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
182	VARNLR at (813 357- 9399
Name o	f Person Area Code & Daytime Telephone Number
Enclosed is a check for the	ne following amount:
\$25.00 Filing Fee	Status St

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

FILED:

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 L	ighility Company w	ere filed on Feb.	23,2010	and assigned
Florida document number <u>L10000</u>		ore med on <u></u>	-	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:	2 2 2 -	. 40.40 · 75.4
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited	Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:			<u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)		:	
			!	
Enter new mailing address, if applicable:			<u>.</u>	
(Mailing address MAY BE A POST OFFICE	BOX)			
	•		:	**************************************
	•		٠	
B. If amending the registered agent and registered agent and/or the new registered of		e address on our	records, enter t	he name of the new
Name of New Registered Agent:			1	•
		1774 17		
New Registered Office Address:		Enter	Florida street add	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.

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Filing Fee: \$25.00