

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : DAVID C. HASTINGS, CPA, PA

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\*\*Enter the email address for this business entity to be used for fullers annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMAGE TECH RESOURCE GROUP, LLC

Certificate of Status	1
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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

10 JUN -8 AM 8: 23

PALL ALLASSEE FLORIDA:

IMAGE TECH RESOURCE GROUP, 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 onAPRIL 21, 2010 and assigned Florida document number10000043136
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:
New Registered Office Address:  Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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Zip Code

MGR = Manager

# Ha 00001337193

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:

MGRM ≈ Managing Member Type of Action Title . <u>Name</u> <u>Address</u> MGR PAUL PARTRIDGE 10121 SANTIAGO CT √ Add SEMINOLE FL 33776 🔲 Remove ☐ Add 🔲 Remove 🔲 Кеточе ☐ Add 🛅 Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) æ. ထဲ JUNE 7 2010 Dated Signature of a member or authorized representative of a member JOSEPH DELOCA III

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Typed or printed name of signec

Filing Fee: \$25.00

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