

L10000046469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

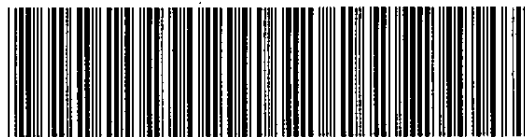
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JUL 13 2010

EXAMINER



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10 JUL 13 AM 10:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 JUL 13 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 444433 4144K

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : July 12, 2010

ORDER TIME : 4:30 PM

ORDER NO. : 444433-005

CUSTOMER NO: 4144K

DOMESTIC AMENDMENT FILING

NAME: MIS GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

FILED
 10 JUL 13 PM 2:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

MIS 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 on 4/30/2010 and assigned Florida document number L10000046469

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)

105 Noble Court, Suite #208

Alpharetta, GA 30005

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

105 Noble Court, Suite #208

Alpharetta, GA 30005

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:

David L. Brier

New Registered Office Address:

1023 Long Branch Lane

(Enter Florida street address)

Oviedo

(City)

Florida 32765

(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)

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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:

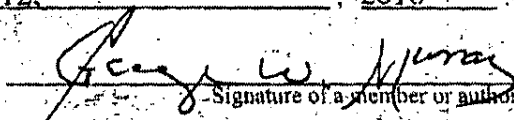
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	George W. Murray	105 Noble Court, Suite 208 Alpharetta, GA 30005	☒ Add ☐ Remove
mgrm	David L. Brier	1023 Long Branch Lane Oviedo, FL 32765	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated July 12, 2010



Signature of a member or authorized representative of a member

George W. Murray

Typed or printed name of signer

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Filing Fee: \$25.00