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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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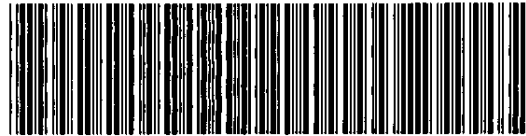
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL -8 AM 11:55

T. HAMPTON

JUL 11 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INFOTECH ADVISORS, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
INFOTECH ADVISORS, LLC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
100 E LINTON BLVD STE 301B

\_\_\_\_\_  
Address

\_\_\_\_\_  
DELRAY BEACH, FL 33483

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
INFO@INFOTECHADVISORS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
JEFFREY R STALEY

\_\_\_\_\_  
Name of Person

at ( 561 )

\_\_\_\_\_  
312-6139

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

11 JUL -8 AM 11:55

**INFOTECH ADVISORS, 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 JUNE 4, 2010 and assigned  
Florida document number L10000060166.

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)**

100 E LINTON BLVD STE 301B

DELRAY BEACH, FL 33483

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

100 E LINTON BLVD STE 301B

DELRAY BEACH, FL 33483

**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:**

NRAI SERVICES, INC

**New Registered Office Address:**

515 EAST PARK AVENUE

*Enter Florida street address*

TALLAHASSEE

*City*

, Florida

32301

*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, hereby confirm that the limited liability company has been notified in writing of this change.*

*Wendy D Rea*

**NRAI Services, Inc.**  
**Wendy D Rea, Assistant Secretary**

**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:

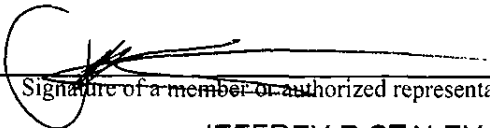
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEFFREY STALEY ENTER	1730 S FEDERAL HWY NO 249 DELRAY BEACH, FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CYBERNETIC PROFESSIONALS, LLC	100 E LINTON BLVD STE 301B DELRAY BEACH, FL 33483	<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
			<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 JUNE 29, 2011

  
Signature of a member or authorized representative of a member

JEFFREY R STALEY

Typed or printed name of signee

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS