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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: INtelligence Staffing 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  To I+W = Dickey JR  Name of Person
Intelligence Staffing Co.
5675 mid night PASS ROAD \$208
SMRASOTA Flow 104 34242  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John E Deckey Te at (301) 237-4737  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & 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 ARTICLES OF ORGANIZATION

Intelligence	le Staffing LLC	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1 10000 618	ility Company were filed on <u>June 9</u> 201	and assigned
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	ing:	24 PH 1:6
TNITE! St		"LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	220	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> <u>e address here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
_	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered 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

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 = Ma MGRM = I	mager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Add Remove
			Remove
			Add
			Remove
			Add
			Remove
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, · •	ing any other information, enter change(s) here: Amach dadinonal sheets, if necessary.)	
4	,19,2013	
	La Duty Th.	
	Signature of a member or authorized representative of a member  Toh w E Dickey Tk.  Typed or printed name of signee	<del></del>
	John E Dickeny JE.	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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