Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H12000222030 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 12007000160

: (800)494-3124

Phone Fax Number

: (561)455-9885

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIT TEK, LLC

> Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$25.00

A. LUNT

SEP 10 2012

EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIT TEK, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company w	vere filed on	07/28/2010		ssigned
Florida document number L10000079058 .	•		ACLA	== # T
This amendment is submitted to amend the following:			H 500 AH	1 1
A. If amending name, enter the new name of the limited liabili	ty company be	re:	のでは、	至「
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Comp	eany," the designation "I	LLC of the	e abbreviation
Enter new principal offices address, if applicable:			<u>.</u>	
(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	a address on	our records enter t		
registered agent and/or the new registered office address bere:		<u> </u>	and marrie	0.000
Name of New Registered Agent: ALAN HENSI	LEY			
New Registered Office Address:	(E	inter Florida street add	dress)	<u> </u>
		, Florida		
	(City)		(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro	te performance	of my duties, and I a	am familio	ar with and

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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)

Dated SEPTEMBER 06

r Managa 1GR = Ma	ng Member being added or remov	ed from our records:	H12000222030 3
	Managing Member		
litle	<u>Name</u>	Address	Type of Action
IGR	HAYLEY HENSLEY	4670 SW 40TH PLACE OCALA FL 34474	Add 7 Remove
GRM	ALAN HENSLEY	4670 SW 40TH PLACE OCALA FL 34474	Add ☐ Remove
GRM_	JOHNNIE MCCRAY	9155 HAWKEYE DRIVE JACKSONVILLE FL 32221	Add
			April April Remove
			Remove
			Add Remove
If amen	ding any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
			mi (* - 1 * - 1 * mar (1) * 1 * - 1 * 1
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Signature of a member or authorized representative of a member

ALAN HENSLEY
Typed or printed name of signee

2012

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