L10000088902

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COVER LETTER

TO: Registration Section	
SUBJECT: C.I.A. Certaur Investigation Agency WC	-
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tapa Duchanova Name of Person	
Firm/Company	
8880 Santse Lakes Blvd. #205	
Sunrise, FC 33322 City State and Zip Code	
Sunrist, FL 33332 City/State and Zip Code Centauragency agmost.com E-mail address: (to be used footuure annual report notification)	
For further information concerning this matter, please call:	
Tana D. at (954) 822-0535 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 TO ARTICLES OF ORGANIZATION OF

C.I.A. Centaur I	nuestigation	Agency LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000088902</u> .	y were filed on <u>08/24/2</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Centaur Investigation	. Agency LL	-C	
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Company," the de	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>	SEC 34	
(Principal office address MUST BE A STREET ADDRESS)		2 2m	
		7 COURT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH 23 IO	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ds, enter the name of the new	
Name of New Registered Agent:	NIA		
New Registered Office Address:			
	Enter Florida street address, Florida		
	City	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = I	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
-			Add Remove			
			Add Remo Se			
D. If amen	ding any other information, enter change where the change are changed as the change are the chan	ge(s) here: (Attach additional sheets, if necessary.) Je on (SECRETARY OF SIAN VISION OF CORFUNAT			
	5/9	/	— • OT			
	Iana D	r or authorized representative of a member				

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Filing Fee: \$25.00