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SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The enc	osed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Caul Sprove Name of Person
	Industry Sales Advisors Firm/Company
	8726 Green Wark BLUN Address
	WINDER MERE 7L 34786 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Cruil Sproul at (586) 4069090 Area Code & Daytime Telephone Number
	d is a check for the following amount: 00 Filing Fee \$\int \frac{30.00}{\text{Certificate of Status}}\$ \$55.00 Filing Fee & \$\int \frac{560.00}{\text{Certificate of Status}}\$\$ Certified Copy (additional copy is enclosed) \[\int \frac{360.00}{\text{Certificate of Status}}\$\$ Certified Copy (additional copy is enclosed)
	(udditional copy is enclosed)

MAILING ADDRESS:

TO:

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**

Industry &		Ado	isors				
(Name of the Limited Lia (A Flo	ability Company a orida Limited Liab	is it now appea ility Company)	irs on our recor	<u>is.</u>)			
The Articles of Organization for this Limited Liabi		re filed on	8124120	010	and as	ssigned	
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of th	e limited liabilit	y company he	e <u>re</u> :				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	Liability Comp	oany," the designa	ation "LLC"	or the	abbrev	riation
Enter new principal offices address, if applicabl	e: _						
(Principal office address MUST BE A STREET A	(DDRESS)		· · · · · · · · · · · · · · · · · · ·				
	-						_
Enter new mailing address, if applicable:	_						<u></u>
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>						
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on	our records, g	enter the	name_	of the	new
•				1933 1933	O AUG	Seelbert	
Name of New Registered Agent:			l	- 20 P	<u>16</u> 30	Carriera experien- fi fi	—
New Registered Office Address:		F	nter Florida str	芸 名	<u> </u>		:
			, Flor	FLST	.; **	Ö	\$ 100 miles
-	(City	 -		Zip Cod	de	

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, enter the title, name, and address of each Managor Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title -**Type of Action** <u>Name</u> **Address** Smilt SPROUL 8724 Greenbank BUD MAdd ∏ Add Remove Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00