

DIVISION OF CORPORATIONS

Florida Department of State  
Division of Corporations  
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SOBEIT CONSULTANTS, LLC

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Corporate Filing Menu

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K. SALLY  
EXAMINER  
NOV 15 2010

**FAX COVER SHEET**

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**TO**

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**COMPANY**

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**FAX NUMBER** 18506176383

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**FROM** Tony Burroughs

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**DATE** 2010-11-11 15:41:13 PST

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**RE** FL SOS - LZ order # 9379340

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**COVER MESSAGE**

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Tony Burroughs | Business Special Filing/501(c)(3) Specialist 323.962.8600 x862 | Fax 323.337.0742|

tburroughs@legalzoom.com<mailto:tburroughs@legalzoom.com>www.legalzoom.com<  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOBEIT CONSULTANTS, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Dang  
(Name of Person)  
  
Legalzoom.com, Inc.  
(Firm/Company)  
  
100 W. Broadway Suite 100  
(Address)  
  
Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at ( 323 ) 962-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 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

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STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SOBEIT CONSULTANTS, 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 11/03/2010 and assigned  
Florida document number L10000114705.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**SIS Systems Integration Services, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:** \_\_\_\_\_

**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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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 November 5, 2010

Barbara Cox Gerlock  
Signature of a member or authorized representative of a member

Barbara Cox Gerlock

Typed or printed name of signee