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DEFART OF SAFORATIONS
DIVISION OF CORPORATIONS
TALLAPASSEE, FLORIDA

RECEIVED

T. CLINE

JAN - 3 2011

**EXAMINER** 

FILED

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ECRETARY OF STATE

## **COVER LETTER**

ŤÕ:	Registration Se Division of Cor			
SUBJE	сст:	Name of Limi	nvfshigetive Servi	cts UC
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	·	Kar	Name of Person	
		(	Firm/Company	,
		225 201	orkleberry 15140	
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For fur	ther information of	concerning this matter, please c	all:	
			at (	
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Enclose	ed is a check for t	he 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); enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons From The Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 onand assigned
Florida document number <u>L 10000 120 9.7 2</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
K2 Investigative Services LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
Enter new principal offices address, if applicable:
(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 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 RA S
City ZF 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

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
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D. If amer —	nding any other information, ent	er change(s) here: (Attach additional sheets, if neces	三二字 三
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  Dated	1/3	, 2011 n	STATE CLORADA
	Signature of	a member or authorized representative of a member    Columbia	

Page 2 of 2

Filing Fee: \$25.00