L11000018572

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B. KOHR

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EXAMINER

11 FEB 21 AM 9: 02

FILED SECRETARY OF STATE PIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
TO: Registration Section Division of Corporations SUBJECT: Sovice Intelligence Advanced Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Scott Venual Name of Person
1439 Mille AVC S Address Lehigh Acrys, FC 33973 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (562 693-2728) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L 11000018572 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2439 mille Ave S 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Loretta Duclos	4752 Lemans Dr 01 km30 +1 32808	Add Remove		
MGR	Venerd, SherryH	2439 mille ave S Lehigh acres #1 33973	AddRemove		
MGRM	Venord, Almerique	2865 middleton circle Kissinmee FI 34743	Add Remove		
MGR	Celostin, Roody	808 SW 7 terr Hallambale Brach 71	Add Remove		
MGR	Numa, Janick	1542 NE 13944 ST	Add Re move		
			Add Remove		
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
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			_ _		
Dated(02-17-2011,	A			
		AMES SOOF	Leword		
	Typed o	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00