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Bivision of Corporation

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Phone : (323)962-8600 Fax Number : (323)962-3889

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## LLCAMND/RESTATE/CORRECTORM/MGRESIGN INTREPID ENTERPRISE TECHNOLOGIES LLC

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## **COVER LETTER**

	Registration Section  Division of Corporations					
SUBJECT: INTREPID ENTERPRISE TECHNOLOGIES LLC						
	(Name of Limited Liability Company)					
The enclo	sed Articles of Amendment and fee(s) 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 furthe	r information concerning this matter, please call:					
Barbara	A Dang at (323 ) 962-8600 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed	s a check for the following amount:					
<b>\$25.0</b> 0	Filing Fee \$\ \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \  \  \  \  \  \  \  \  \  \  \  \  \					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301

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11 MAR 23 AM 9: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTREPID ENTERPRISE TECH	NOLOGIES LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records Limited Liability Company)	<u>rús.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>L11000029721</u>		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the wall.L.C."	vords "Limited Liability Company," the design	nation "LLC" or the abbreviation
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		enter the game of the new
New Registered Office Address:		
New Registered Office Address.	(Enter Florida st	reet address)
	Elo.	-ida
	(City)	rida (Zip Code)
New Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change.	and complete performance of my duties, lagent as provided for in Chapter 608, F cred office address, I hereby confirm that	and I am familiar with and "S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

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:

MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
<del></del>			Add Remove	
			Add Remove	
			Add Remove	
· · · · · · · · · · · · · · · · · · ·	<del></del>		Add Remove	
	· -		Add Remove	
			Add Remove	
D. Ifan	nending any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)		
	The street address of the principal offi	ce of the LLC is:		
	2342 Mariola Avenue, Port Saint Lucie			
Dated _	Take literal	or authorized representative of a member		
	Thomas E Wouters			
	Typed or	r printed name of signee		

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Filing Fee: \$25.00