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T, HAMPTON

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EXAMPLES

# **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	ÇT:		roup Services, LLC ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
			Karim Lalani	•
			Name of Person	
		Intellig	gent Group Services, LLC	
			Firm/Company	
		158	West Thatch Palm Circle	
			Address	
			Jupiter, FL 33458	
,			City/State and Zip Code	·
		Ka F-mail address: ((	azlalani@hotmail.com to be used for future annual report notificat	tion)
For furt	her information co	oncerning this matter, please o	•	
	· · · · · · · · · · · · · · · · · · ·	odd Greene	at ()	19 4682
	Name of	Person	Area Code & Daytime T	elephone Number
Enclose	d is a check for th	e 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

## ARTICLES OF AMENDMENT

# TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF

11 JUN 13 PM 1:59

Intel (Name of the Limited (A	ligent Group Liability Compa Florida Limited	Services, LL ny as it now appear Liability Company)	_C rs on our records.)	
The Articles of Organization for this Limited L. Florida document numberL11000051	• • •	were filed on	29 April 2011	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>re</u> :	
	N/A	=		
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			<u></u>
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		En	ter Florida street add	ress
			, 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 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

Title '	<u>Name</u>	Address	Type of Action
MGR	Mohammad Hassan	3920 W. Kimberly Avenue Greenfield, WI 53221	Add Remove
			Add Remove
· <del>(************************************</del>	······································		Add Remove
<del></del>	-1		Add Remove
			Add Remove
	<del></del>		Add Remove
	ending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATION 18 PH 1:59
Dated	June 9th	2011 .  Description of a member of a membe	- <del>X</del>
	Signature of a	Michael Todd Greene Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00