

L11000065027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

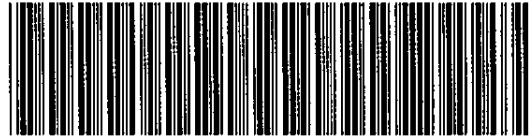
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 NOV -7 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV - 8 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2012

SCOTT ALPERT
SMG
6486 NW 72 PLACE
PARKLAND, FL 33067

SUBJECT: ITILES, LLC
Ref. Number: L11000065027

We have received your document for ITILES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00025713

Itiles , LLC

L11000065027

To whom it may concern-

As per your request, please find enclosed the hand written forms.

We had originally (what you first received) typed them out from the website forms and for whatever reason when we went to print them they didn't line up even though on the website they did but again when we went to print they did not. We even tried going back out then retyping in again but it didn't work. We did call when this happen and they said this happens all the time just send them it will be ok.

Well I guess that didn't work, so we are hopeful you can read our very poor handwriting!

Sincerely,

Scott Alpert & Nicola Borelli

COVER LETTER

**TO: Registration Section
Division of Corporations**

ITILES, LLC

SUBJECT: _____
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:

Scott Alpert

Name of Person
SMG

Firm/Company
6486 NW 72 Place

Address
Parkland, FL 33067

City/State and Zip Code
scott@scottmichaelgroup.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Alpert

954

547-1251

Name of Person at ()
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 NOV -7 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Itiles, 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 06/03/2011 and assigned
Florida document number L 110000065027

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Steiner & Gelber, PA
2201 NW 30th place, Suite A
Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Steiner & Gelber, PA
2201 NW 30th place, Suite A
Pompano Beach, FL 33069

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:

Steiner & Gelber, PA

New Registered Office Address:

2201 NW 30th place, Suite A
Enter Florida street address
Pompano Beach, Florida 33069
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.

Cedric S. B. B.
If Changing Registered Agent, Signature of New Registered Agent

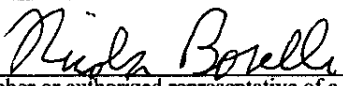
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

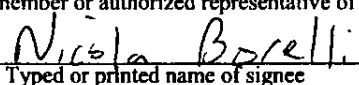
MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|----------------|--|--|
| MGR | Scott Alpert | 6486 NW 72 place Parkland, FL 33067 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Nicola Borelli | Steiner & Gelber, PA 2201 NW 30th Place Suite A Pompano Beach, FL 33069 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



 Signature of a member or authorized representative of a member


 Typed or printed name of signee