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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJECT: Traeger Computer Forensics LLC							
			ited Liability Company		_		
The end	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.				
Please 1	return all correspon	dence concerning this matter	r to the following:				
		Carl Traeger					
			Name of Person				
	Traeger Computer Forensics,LLC						
	Firm/Company						
	1019 Town Center Drive Suite 200						
		-	Address				
		0	range City, FL 32763				
			City/State and Zip Code	<u> </u>			
			ctraeger@cfl.rr.com			12	
			to be used for future annual repo	rt notification)	T-17	JAN	Le sange
For furt	her information cor	ncerning this matter, please of	call:		(SS)	9	3
	Ca	rl Traeger	at (_ 386)	956-9611	الله الله الله الله الله الله الله الله		m
	Name of I	Person	Area Code & I	Daytime Telephone Num	STAJE LORID	<u></u>	U
Enclose	d is a check for the	following amount:			Þ		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certif closed) Certif	Filing Fee, icate of Star ied Copy ional copy i		osed)
	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations	:		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Traeger Compu (Name of the Limited Liability Com (A Florida Limite	uter Forensics pany as it now appead Liability Company)	LLC urs on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>4//0000148</u>	any were filed on	6/28/3011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :		
Digital Data	a Finder,LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<u></u>		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	12 J		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HASSEE, TLORIDA		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
		-	
			= 5
			Add Remove
			=
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces.	-
_			TZ JAN
			(S)
_			FLORIDE
Dated		- Januari I	
	Signature of a member	From authorized representative of a member ARL TRAEGER	
	Typed	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00