## L11000140632

| (Requestor's Name)                      |
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| (Address)                               |
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| (Audiess)                               |
|                                         |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
| (Business Ellas, Harris)                |
| _                                       |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATES

2011 DEC 27 AM 8:

J. SAULSBERRY EXAMINER

DEC 29 2011

## **COVER LETTER**

| TO:           | Registrati<br>Division o |                |                                               |                                                                                                     |                                                                                               |  |
|---------------|--------------------------|----------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| SUBJE         | CT:                      | Hign           | Intensity (                                   | Detailing of Sarasota<br>ted Liability Company                                                      | LLC                                                                                           |  |
| The enc       | losed Articl             | es of Ame      | endment and fee(s) are sub                    | omitted for filing.                                                                                 |                                                                                               |  |
| Please r      | eturn all coi            | rrespondei     | nce concerning this matter                    | to the following:                                                                                   |                                                                                               |  |
|               |                          |                | 0++0                                          | V. Delph II                                                                                         |                                                                                               |  |
|               |                          | -              |                                               | Firm/Company                                                                                        |                                                                                               |  |
|               |                          | _              | 7337 Black                                    | Walnut Way<br>Address                                                                               | ZOII DE                                                                                       |  |
|               |                          | _              | Lakewood R                                    | anch FL 34202 City/State and Zip Code  gmail. com to be used for future annual report notification) | FILED  2011 DEC 27 AM 8: 31  SECRETARY OF STATE- TALLAHASSEE, FLORIDA                         |  |
|               |                          | <u></u>        | ottodelph (<br>E-mail address: (              | o be used for future annual report notification)                                                    | M 8: 3                                                                                        |  |
| For furt      | her informa              | tion conce     | rning this matter, please o                   | all:                                                                                                | A I                                                                                           |  |
| <del></del>   | Otto<br>N                | Delgame of Pen | son                                           | at (941) 209-9789  Area Code & Daytime Telephone                                                    | Number                                                                                        |  |
| Enclose       | d is a check             | for the fo     | llowing amount:                               |                                                                                                     |                                                                                               |  |
| <b>\$</b> 25. | 00 Filing Fe             | æ <u> </u>     | \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy (additional copy is enclosed)                                                        | 0.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>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

| High Intensity                                                                                | Detailing                              | g of Sz                                            | irasota LLC                         | 1<br>**                   |
|-----------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|-------------------------------------|---------------------------|
| High Intensity (Name of the Limited L                                                         | iability Company<br>Torida Limited Lia | y <mark>as it now appea</mark><br>ability Company) | rs on our records.)                 | <b>701</b>                |
| The Articles of Organization for this Limited Lial                                            | bility Company w                       |                                                    | 2/15/2011                           | AR assigned               |
| This amendment is submitted to amend the follow  A. If amending name, enter the new name of t | •                                      | ity company he                                     | <u>re</u> :                         | ARY OF STATE              |
| The new name must be distinguishable and end with "L.L.C."                                    | the words "Limite                      | d Liability Comp                                   | any," the designation               | "LLC" or the abbreviation |
| Enter new principal offices address, if applicat                                              | ole:                                   | 7337                                               | Black Walnu                         | it Way                    |
| (Principal office address MUST BE A STREET                                                    | ADDRESS)                               | Lakewood                                           | d Ranch, F                          | _ 34202                   |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE B          |                                        | Black Waln                                         | J                                   |                           |
| B. If amending the registered agent and/or registered agent and/or the new registered office  | ce address here:                       |                                                    |                                     | the name of the new       |
| Name of New Registered Agent:                                                                 | 04to V                                 | 1. Delph                                           |                                     |                           |
| New Registered Office Address:                                                                | <u> 7337</u>                           | Black 1                                            | Nalnut Wa<br>ater Florida street ad | ್ರ<br>idress              |
|                                                                                               | Lakewoo                                | od Ranch                                           | , Florida _                         | 34202                     |
|                                                                                               |                                        | 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Title Address** <u>Name</u> MGR 514 Blue Heron Dr. OHO V Delpn Anna Maria FL 34216 Remove Otto V. DephTI MGR Black Walnut War ☐ Add Remove ☐ Add Remove □Add Remove 

|             | • |                  | : (Attach additio | · | AZ<br>SE         | 201   |
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|             |   | <br><del> </del> |                   |   | FLORIDA          | ည     |

Remove

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00