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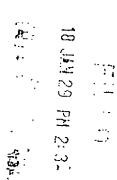
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# COVER LETTER ...

Division of Corpo					
SUBJECT:	ntelacht Group, LLC				
SUBJECT.	Name of Limi	ited Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	James M	l. Casey			
		Name of Person			
	Intelacht	Group, LLC			
Firm/Company					
	1 Independent I	Drive, Suite 117			
		Address			
	Jacksonville, Fl				
	City/State and Zip Code jcasey@fessfl.com				
		to be used for future annual report notif	ication)		
For further information con-	cerning this matter, please ca	all:			
James M. Casey		571 246-7249	9		
Name of P	erson		Telephone Number		
Enclosed is a check for the	following amount:				
<b>⊠</b> \$25.00 Filing Fee □ \$3	0.00 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:		STREET/COURIER ADDRESS:			

Registration Section Division of Corporations

P.O. Box 6327

Registration Section

Clifton Building

Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### **INTELACHT GROUP, LLC**

(a Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>January 5, 2012</u> and assigned Florida document number <u>L12000001874.</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

## FCS - INVESTIGATIVE DIVISION, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter the new principal offices address, if applicable: 1 Independent Drive, Suite 117

Jacksonville, Florida 32202

Enter new mailing address, if applicable: Same

B. If amending the registered agent and/or registered office address on our records, conter the name of the new registered agent and/or the new registered office address here:

No New Registered Agent

No New Registered Office

New Registered Agent's Signature, if changing Registered Agent:

No New Registered Agent

C. If amending Authorized Person(s) authorized to manage, enter the title, name and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of	Action
MGR	E. Bland Cologne	1 Independent Drive	X Add	
		Suite 117, Jacksonville,		29 [
		Florida, 32202		PH 2
				ن پر

- D. If amending any other information, enter changes here: None
- E. Effective date, if other than date of filing: February 1, 2018

If the record specifies a delayed effective date, but not an effective time, at 12:01 on the earlier of (b) the 90<sup>th</sup> day after the record is filed.

Dated January 24, 2018

Signature of member of authorized representative of a member

James M. Casey

Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00