

L12000014655

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR - 2 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: I.S.A. ALLIANCE LLC
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:

Jennifer K Majano
Name of Person
I.S.A. ALLIANCE LLC
Firm/Company
15625 GARDENSIDE LANE
Address
TAMPA, FL 33624
City/State and Zip Code
dlontero@simplexgroup.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer K Majano at (571) 354-1736
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

I.S.A. ALLIANCE 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 01/31/2012 and assigned Florida document number L12000014655.

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:

15625 GARDENSIDE LANE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33624

Enter new mailing address, if applicable:

15625 GARDENSIDE LANE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33624

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 CLERK OF DISTRICT COURT
 TAMPA, FLORIDA

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:

Jennifer K Majano

New Registered Office Address:

15625 GARDENSIDE LANE

Enter Florida street address

TAMPA

, Florida

33624

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.

Jennifer K Majano *2/25/2012*
 If Changing Registered Agent, Signature of New Registered Agent

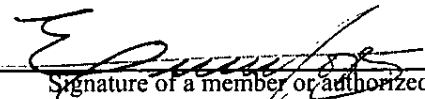
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELVIS A LOPEZ	1380 NW 116 TERR MIAMI, FL 33167	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jennifer K Majano	15625 GARDENSIDE LANE TAMPA, FL 33624	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.

X 

 Signature of a member or authorized representative of a member

 ELVIS A LOPEZ

 Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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