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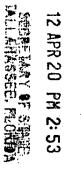
APR 23 2012

EXAMINER



000230082040

04/20/12--01025--010 **25.00



COVER LETTER

10.	Division of Corporations	
SUBJI	ECT: Strategic Intelligence Solutions LLC Name of Limited Liability Company	 !
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.	;
Please	return all correspondence concerning this matter to the following:	
	Clifton Cox Name of Person	
	Strategre Intelligence Solutions	:
	P.O. Box 71	,
	Joppatowne MD 21085. City/State and Zip Code	· :
4	3053 USM Cognail. Com E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Lifton Cox at (347) 982-3995 Name of Person Area Code & Daytime Telephone Number	_ !
,		
Enclos	ed is a check for the following amount:	
\$25	\$30.00 Filing Fee \$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)	tatus &

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

Name of the Limited Liability Common	gence Solutions LLC	
(Name of the Limited Liability Compar (A Florida Limited I.	lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03\05\2012	and assigned
Florida document number <u>L12006031601</u> .		•
, , , , , , , , , , , , , , , , , , ,		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	1489 West 13th ST. B.	ay .5
(Principal office address MUST BE A STREET ADDRESS)	Riviera Beach, FL 33	<u> </u>
· ·	Kiviera Beach, FL 33	<u>,404</u>
	•	Name of the last
Enter new mailing address, if applicable:		72 A
(Mailing address MAY BE A POST OFFICE BOX)		A PR
		20 C
t ·		
B. If amending the registered agent and/or registered off	fice address on our records, enter the n	
registered agent and/or the new registered office address here		3 55
1		9 ω
Name of New Registered Agent:		
. 1		,
New Registered Office Address:	Enter Florida street address	
·. 1	Enter Florida street adaress	
	, Florida	
1	City Zi _i	p Code
New Registered Agent's Signature, if changing Registered Agent:		; ;
		:
I hereby accept the appointment as registered agent and agra	e to act in this capacity. I further agree to	o comply with

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

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

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 Name Address Bahrenburg, Walter 1489 W. 13th St Bay 5 Riviera Beach FL Graves, Yaminah N 920 Metcalf AVÉ Remove. Bronx, NY 10473 MGRM Cox, Adrience 2404 Bytham CT, unt 303 Add MGR Placeres, Jeanette MGRM Cox, Clifton P Windsor Mill MD 21244 562 lener Drive unit B Joppatowne MD 21085 1489 W. 13th St Bay 5 Riviera Beach FL 33404 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Page 2 of 2

Filing Fee: \$25.00