Division of Combrations

Toa

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323) 962-8600

Fax Number

: (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEPENDABLE BACKGROUND CHECKS LLC

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J. SAULSBERRY EXAMINER

SEP 4 2012

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Corporate Filing Menu

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COVER LETTER

O: Registration Section Division of Corporations		
SUBJECT: DEPENDABLE BACKGROUND CHECKS 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:		
Barbara Dang		
(Name of Person)		
Legalzoom.com, Inc.		
(Firm/Company)		
100 W. Broadway Suite 100		
(Address)	₹ ~	
Glendale, CA 91210		-
(City/State and Zip Code)	2812 AUG 3 SECRETAR ALL AHASS	-
	31 SS	-
For further information concerning this matter, please call:	F9 æ	(T)
	OF ST	,
Barbara Dang at (323) 962-8600 (Name of Person) (Area Code & Daytime Telephone Number		1 4***
(Audit con t cisory)	"	
	_	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee		
Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &	
	al 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
Tellahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	≱v:	201	
DEPENDABLE BACKGROUN	ID CHECKS LLC	CRS	2 AUG	$\neg n$
(<u>Name of the Limited Lis</u> (A FR	bility Company as it now appears on our records Limited Liability Company)	ASS	ω —	1
The Articles of Organization for this Limited Liabi	lity Company were filed on 07/09/2012		nd essig	ned T
Florida document number <u>L12000088775</u>		FLORIE	8 32	
This amendment is submitted to amend the following	ng:	T-	10	
A. If amending name, enter the new name of the		ignation "LLC"	or the abl	previation
"L.L.C."				
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the n	ame of	the new
Name of New Registered Agent:				- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
New Registered Office Address:	(Enter Florida	street address)		
_	, FI	lorida		
	(City)	(Z	ip 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 or Managin	, the Managers or Managing M <u>g Member being added or remo</u>	lembers on our records, enter the title, name, and address of each Manager oved from our records:
MGR = Ma MGRM = N	nager Janaging Member	
<u>Title</u>	Name	Address Type of Action
MGRM.	Arlynn O'Gara	427 Pine Glen Lane Add Greenacres, FL 33463 7 Remove
		Add Remove
		Add
		Add
		AddRemove
	,	Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessary.
		YOF STATE FLORIDA
Dated 8/	View & O'Sura Signature of a	member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Vincent O'Gara

Filing Fee: \$25.00