

L12000156883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

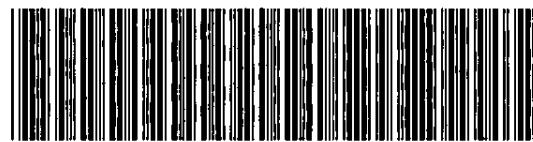
(Business Entity Name)

(Document Number)

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SUPERIOR COURT OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Gilligan JAN 21 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL POLYGRAPH & Consulting, Inc.
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:

Bob Hoagland
Name of Person

INTERNATIONAL POLYGRAPH & CONSULTING LLC
Firm/Company

1136 NE 8INE ISLAND RD STE 78
Address

CAPE CORAL FL 33909
City/State and Zip Code

8084661@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Hoagland at (239) 424-9095
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee
*You HAVE
A/PEND.* ↗

\$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)

(You have already)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

ROBERT E. HOAGLAND
1136 NE PINE ISLAND ROAD
SUITE 78
CAPE CORAL, FL 33909

SUBJECT: INTERNATIONAL POLYGRAPH & CONSULTING, LLC
Ref. Number: L12000155883

We have received your document for INTERNATIONAL POLYGRAPH & CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 314A00000466

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 JAN 17 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INTERNATIONAL POLYGRAPH & CONSULTING, 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 12-12-2012 and assigned Florida document number L12000155883.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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 605, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>BENJAMIN Blalock</u>	<u>944 COUNTRY CLUB BLVD #203</u>	<input type="checkbox"/> Add
		<u>CAPE CORAL, FL 33990</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 15, 2014

Robert E. Hoagland _____
Signature of a member or authorized representative of a member

ROBERT E. HOAGLAND _____
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA