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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2018

LENNY LONGO PO BOX 161 ELLENTON, FL 34222

SUBJECT: SEARCH INTELLIGENCE, LLC

Ref. Number: L13000007291

Karen 6030 450-245-6030 Karen dos my Ronda con

We have received your document for SEARCH INTELLIGENCE, 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):

The last page doesn't belong with the articles of amendment please add authorized person(s) to page 2 of 3 of application.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00014150

COVER LETTER

| ection rporations | | | | |
|---|--|--|--|--|
| INTELLIGENCE, LLC | | | | |
| Name of Lim | ited Liability Company | | | |
| | | | | |
| ondence concerning this matter | to the following: | | | |
| Lenny Longo | | | | |
| | Name of Person | | | |
| SEARCH INTELLIGENC | E, LLC | | | |
| | Firm/Company | | | |
| PO BOX 161 | | | | |
| Address | | | | |
| ELLENTÓN, FL 34222 | | | | |
| 1.Longo22@msn.com | City/State and Zip Code | | | |
| E-mail address: (| to be used for future annual report notif | ication) | | |
| concerning this matter, please c | all: | | | |
| | 941 840-1312 | | | |
| of Person | Area Code Daytime | Telephone Number | | |
| he following amount: | | | | |
| ☐ \$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) | | |
| | INTELLIGENCE, LLC Name of Lim Amendment and fee(s) are subsondence concerning this matter Lenny Longo SEARCH INTELLIGENCE PO BOX 161 ELLENTON, FL 34222 LLongo22@msn.com E-mail address: of concerning this matter, please concerning this matter. of Person the following amount: \$\Begin{align*} \text{\$\circ} \$\ | **NAME OF Limited Liability Company **Amendment and fee(s) are submitted for filing. **Ondence concerning this matter to the following: Lenny Longo | | |

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

| SEARCH INTELLIGENCE, LLC | | | |
|---|---|---------------------------------------|-------------------------|
| (Name of the Limit | ed Liability Company as it is 6A Florida Limited Liability C | ow appears on our records.) ompany) | |
| The Articles of Organization for this Limited L. Florida document number 1.13000007291 | iability Company were fil | led on <u>01/15/2013</u> | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, <u>enter the new name o</u> | f the limited liability cor | npany here: | |
| The new name must be distinguishable and contain the v | vords "Limited Liability Comp | sany," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applic | rable: | e. | |
| The new name must be distinguishable and contain the words "I muted Liability Company," the designation "LLC" or the abbreviation "LLC." 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) | | | |
| | <u></u> | | 3 JUL 2 7 PH |
| B. If amending the registered agent and registered agent and/or the new registered of | /or registered office ac | ddress on our records, <u>em</u> | ter the name of the ne |
| Name of New Registered Agent: | Lenny Longo | | |
| New Registered Office Address: | 1202 Gary Avenue - St | uite 13 Enter Florida street address | |
| | Ellenton | Florida | 34222 |
| | Си | <u> </u> | 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|---------------|--------------------|----------------|
| MGRM | Valerie Longo | 1202 Gary Avenue | Add |
| | | Suite 13 | ■ Remove |
| | | ELLENTON, FL 34222 | Change |
| MGRM | Lenny Longo | 1202 Gary Avenue | ⊟ Add |
| | · | Suite 13 | |
| | | ELLENTON, FL 34222 | Change |
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Filing Fee: \$25.00