# 11300058259

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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# **COVER LETTER \***

Division of Corpo			
IT Advisors L	LC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.		
Please return all correspond	dence concerning this matter to the following:		
	Mireya Rivera Burak		
•	Name of Person	<del></del>	
	Mireya Rivera Burak, PA		
•	Firm/Company	<del></del>	
	16158 77th Lane N		
	Address	<del></del>	
	Loxahatchee, FL 33470		
	City/State and Zip Code		
	© PS@theitadvisors.com	7015 2015	4
	E-mail address: (to be used for future annual report notification)	CREZ	n
For further information con	ncerning this matter, please call:	L 2	
Mireya R. Burak	561 459-7420 at ( )	m or >	I ED
Name of I		A II: 42 FISTATE umberiler	J
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Cer (additional copy is enclosed) Certified Copy	00 Filing Fee, tificate of Status & tified Copy litional 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

IT Advisors LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{4/27}{1}$	2/2013 and assigned
Florida document number L13000058259	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company her	<u>·e</u> ;
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	2015. JUL 21 SECRETARY ALLAHASS
B. If amending the registered agent and registered agent and/or the new registered or	d/or registered office address on office address here:	our records, enter the name of the n
Name of New Registered Agent:	Mireya Rivera Burak PA	
New Registered Office Address:	16158 77th Lane N	
	Enter Flori	da street address
	Loxahatcheee	, Florida 33470
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		West Palm Beach, FL 33407	■ Remove
			Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			Change
		TALLA	Add
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	pecifies a day after				t not an (	effective	time, at :	12:01 a.m	. on th	e earlier
ated	July	144	h_	., 2015	 	)	•			
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Filing Fee: \$25.00