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| (Re | equestor's Name) | |
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| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | } |
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COVER LETTER

| TO: Registration Sect Division of Corpo | | | | |
|--|---|--|---|----|
| SUBJECT: | ntrepic Busin | iness Consulting | LCC. | |
| • | | | | |
| The enclosed Articles of A | mendment and fee(s) are subn | nitted for filing. | | |
| Please return all correspond | dence concerning this matter t | o the following: | | |
| | Alex | Name of Person | | |
| | Intropod ? | Firm/Company | ing LC. | |
| | 9126 lake | Fischer Bluck | 220 221 231 241 251 | |
| | Gotno | City/State and Zip Code | SEP 27 | T |
| | E-mail address: (to | be used for future annual report notification | on) | 17 |
| For further information cor | ncerning this matter, please ca | 11: | | , |
| Alex Mare of I | eles Jr Person | at (<u>407)</u> <u>505</u> <u>834</u> Area Code & Daytime Tel | ts | |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | □\$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) | |
| | | | | |

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

| | ess (nsulting as it now appears on our reliability Company) | |
|--|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab The new name must be distinguishable and end with the words "Limi"L.L.C." | Customer So | signation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 15 M |
| Enter new mailing address, if applicable: | | PR C |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ds, enter the name of the new |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | Enter Florido | a street address |
| | | Florida |
| N. B. L. J. A. G. J. J. S. | City | Zip Code |
| Now Desistance Assent's Clarecture if changing Desistance Assents | | |

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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| naging Member | | |
|---------------------------------------|--------------------------|----------------|
| Name | Address | Type of Action |
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| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member A Signature of a member Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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