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SECRETARY OF STATE
ASSEE, FLORIDA

COVER LETTER

Division of Corporations	•
SUBJECT: Jordan II (on Name of Limite	Sylting LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
James Jora	Name of Person
Jordan IT	Consulting LLC Firm/Company
	Address
Bonita Spri	of the control of the
Jimedordan 6) E-mail address: (to	Jordan - ITC. Com be used for future annual report notification)
For further information concerning this matter, please ca	ili:
Vim Jordan Name of Person	at (234) 398-8096 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status	□\$55.00 Filing Fee & □\$60.00 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	STREET/COURIER ADDRESS: Registration Section Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	TT Con Sulting / Liability Company as it now appears on or	r records.)
(A F	Liability Company as it now appears on of Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 913	12013 am assigned
Florida document number <u>L 13<i>00</i>6 133</u>	<u>8873.</u>	T TOPECRET
This amendment is submitted to amend the follow	wing:	ARY ASSE
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	PNI2: 12 OF STATE E. FLORID
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		· ·
B. If amending the registered agent and/or registered agent and/or the new registered offi		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, Florida
	Citv	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 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 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

MGRM = Ma	nnaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
n GRM	James Jordan Sr	10270 (obble H:11 RO	Add
		Bonita Spring S.FC 3413	Remove
			Add
			Remove
			Add
			Remove
			_
			Add
		AHAS	Remove
		TALLAHASSEE. FU	
			Add
			Remove
			_
			Add
			Remove

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	Signature of a member or authorized representative of a member
<i></i> (James Jordan dr
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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