



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FIORELLO & PARTNERS, INC.
Account Number : I20160000088
Phone : (954) 256-8300
Fax Number : (954) 256-8301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin@fiorellopartners.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMPREHENSIVE INVESTIGATIVE SOLUTIONS LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2017 DEC 12 PM 12:45

2017 DEC 12 A 10:08

FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPREHENSIVE INVESTIGATIVE SOLUTIONS, 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 SEPTEMBER 13, 2013 and assigned
Florida document number L13000129835

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRYAN MATTHEWS INVESTIGATIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "Ltd. Co."

Enter new principal office 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:

BRYAN A. MATTHEWS

New Registered Office Address:

2255 GLADES ROAD, SUITE 124A

BOCA RATON

Enter Florida street address

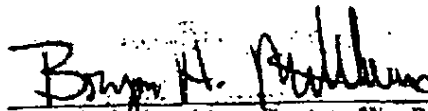
33431

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

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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

Title	Name	Address	Type of Action
MRGM	JOHN SINKS	2255 GLADES ROAD, SUITE 324A	☐ Add
		BOCA RATON, FL 33431	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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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 data must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0007(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated **NOVEMBER 27** 2017

Signature of a member or authorized representative of a member

BRYAN A. MATTHEWS

Typed or printed name of signor

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