

L14000024573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

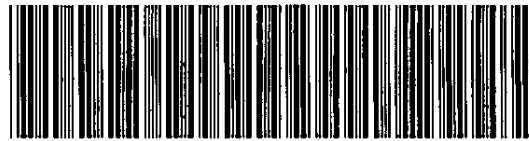
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600309461196

02/27/18--01021--027 **60.00

FILED

18 FEB 27 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFO RESEARCH ASSOCIATES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANA M. BEDGOOD

Name of Person

INFO RESEARCH ASSOCIATES, LLC

Firm/Company

8100 OPPORTUNITY DRIVE

Address

MILTON, FL. 32583

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY T. WARD

850 994-5691
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

FILED

18 FEB 27 PM 1:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

INFO RESEARCH ASSOCIATES, 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 02/12/2014 and assigned
Florida document number L14000024573.

This amendment is submitted to amend the following:

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

XCAVATE RESEARCH, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8100 OPPORTUNITY DRIVE

MILTON, FL. 32583

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8100 OPPORTUNITY DRIVE

MILTON, FL. 32583

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:

JANA M. BEDGOOD

New Registered Office Address:

8100 OPPORTUNITY DRIVE

Enter Florida street address

MILTON

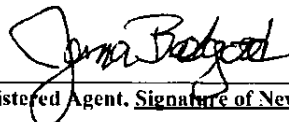
City

Florida 32583

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------|--|
| AMBR | JANA M. BEDGOOD | 8100 OPPORTUNITY DRIVE | <input type="checkbox"/> Add |
| | | MILTON, FL. 32583 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 FEB 27 PM 1:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

18 FEB 21 1964
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 FEB 27 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Jana Bedgood
Signature of _____

Signature of a member or authorized representative of a member

Typed or printed name of signee