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(Re	equestor's Name)	
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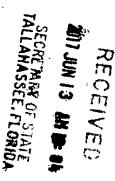
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S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ITFlorida, com, Inc	
DOCUMENT NUMBER: NO100001483	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Julie Schulz	
(Name of Contact Person)	
Summit Group Mant (Firm/Company)	
3427 Bannerman Rd. DZU8 (Address)	
(Address)	
Tallahassee FL 32312 (City/State and Zip Code)	
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Julie Schulz at 850 219-8207	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

	of		
TTFlori	da.com, Inc		
(Name of Corporation as currently filed with the Florida Dept. of State)			
NDI DD DDD 1683			
(Docume	ent Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the content of the conten	da Statutes, this <i>Florida Not For Profit Corporation</i> accorporation:	dopts the following	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		The new "Corp." or "Inc."	
-			
		- E	
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u>)	<u> </u>	
		95 =	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:	r∗' α;	
Name of New Registered Agent:			
		_	
New Registered Office Address:	3427 Bannerman Kd. Tallahassee , Florida (City) (Zip (D-208	
_	Tallahassee Florida	32312	
	(City) (Zip C	Code)	
New Registered Agent's Signature, if changing Re			
	I am familiar with and accept the obligations of the p	position.	

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		water tillian	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional Articles, a if necessary). (Be	specificy			

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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
uate tiiis document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the an	mendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) s.) was/were
Dated	117	
Signature	ulul Meen	
have not been	nan or vice chairman of the board, president or other officers is selected, by an incorporator — if an the hands of a receiver, opointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u> </u>
	BM	
	(Title of person signing)	