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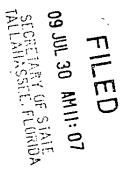
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S. HAWKES

JUL 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	S Consul Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	PAtri	Name of Person	M
		Consul Ling Firm/Company	
l.	13401 504	ton Park Drive S Address	outh # 1136
	Jacksonvill	City/State and Zip Code 4312 3 yuhan. Com to be used for future annual report notifica	
	Patrick	A312 Dyahon. com	
For further information co	E-mail address: (i		tion)
Patrick Harres WGTOH Name of Person		at (904) 891 - Y99 1 Area Code & Daytime Telephone Number	
Enclosed is a check for th	e 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.		etdeet/colidiei	O ADDDESS.

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XS Consult	ing LLC	• •	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	//3/ 4 7009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Fig. 6 T	
(Principal office address MUST BE A STREET ADDRESS)		SOUTH TO	
Enter new mailing address, if applicable:		7.0° 7.	
(Mailing address MAY BE A POST OFFICE BOX)		in T	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		r records, <u>enter the name of the new</u>	
Name of New Registered Agent:	 		
New Registered Office Address:	Ente	r Florida street address	
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Title Name | **Address Type of Action** Eric Porter MGRM 13401 Julian Park Drive South MAdd Jacksmuille, FC ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JJy Signature of a member or authorized representative of a member Patrick Harrs NETON
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00