L14000 115152

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETAR (OF STATE AH ASSEE, FLORID)

NPR 1 4 2016 J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
CHD IE	LE, MEYE	R, AND NGUYEN CONSULT	TING LLC	
SODJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		KIM NGUYEN		
			Name of Person	
		LMN ACCOUNTING LL	c	
			Firm/Company	
		PO BOX 762		
		•	Address	
	, •	PANAMA CITY FL 3240	2	
			City/State and Zip Code	-
		LMNCONSULTINGLLC@	•	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
KIM N	GUYEN		850 684.5660 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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:

TO:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2016

KIM NGUYEN PO BOX 762 PANAMA CITY, FL 32402

SUBJECT: LE, MEYER, AND NGUYEN CONSULTING LLC

Ref. Number: L14000115152

16 APR 11 AM 9: 46
SECKLIARY OF STATE
TALLANIASSEE, FLORIDA

We have received your document for LE, MEYER, AND NGUYEN CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P14000020753.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00006300>

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE, MEYER, AND NGUYEN CONSU				
(<u>Name of the Limited Li</u> (A F	iability Compan Iorida Limited Li	y <mark>as it now appears on our r</mark> lability Company)	ecords.	
he Articles of Organization for this Limited Liabili	ity Company v	were filed on 07/22/2014		_ and assigned
lorida document number L14000115152	·			
his amendment is submitted to amend the followin	ng:			
. If amending name, enter the new name of the	limited liabil	lity company here: A.	y 415/16	
		ERVICES, LLC	y	
e new name must be distinguishable and contain the words	"Limited Liabilit	ty Company," the designation	"LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable	::	1305 KRISTANNA DRIV	VΕ	
Principal office address MUST BE A STREET A	DDRESS)	PANAMA CITY FL 3240	05 3 45	16
			Z≪	AP · C
			1/3 1/3	
nter new mailing address, if applicable:			SER 7.Y.C	- : - ?^{*}
Mailing address MAY BE A POST OFFICE BOX	K)		.F.S	5 C)
	_		F STAFE	:
			A	
. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter th</u>	e name of the
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: 13	305 KRISTANI			
		Enter Florida street a	ddress	
<u>P</u> /	ANAMA CITY		_, Florida <u>32405</u>	5
		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

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>	Name	Address	Type of Action
			□ Add
			□ Remove
		1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
			□ Remove
			☐ Change
	****		☐ Add
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n effective date is listed, the date must b te: If the date inserted in this block	e specific and cannot be prior to date of filing or more thank does not meet the applicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605.0 irements, this date will not be listed
n effective date is listed, the date must b te: If the date inserted in this block	ate of filing:	n 90 days after filing.) Pursuant to 605.0
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Filing Fee: \$25.00