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EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: STEPHI	ENS CONSULTING & I	NVESTMENTS, LLC.			
	(Name of Lin	nited Liability Company)			
	Amendment and fee(s) are sultondence concerning this matter	J			
	Mark A. Stephens S	r.			
		(Name of Person)			
	Stephens Consulting	g & Investments, LLC.			
		(Firm/Company)			
	4500 N ST RD 7, Su	nite 312-12			
		(Address)			
	Lauderdale Lakes, f	FL 33319			
		(City/State and Zip Code)			
For further information of	concerning this matter, please of	all:			
Mark Stephens		at (954) 733-5343		2000 SEC	
	of Person)	(Area Code & Daytime 1			and in
Enclosed is a check for t	he following amount:			JAN 16 AMI RETARY OF ST AHASSEE, FLI	The state of the s
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Statuson	(<u>)</u> ed)

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

Stephens Consulting & Invest (Name of the Limited Li	ments, LLC. ability Company as it now appears on	our records.)		
(A FI	ability Company as it now appears on orida Limited Liability Company)	 ,		
The Articles of Organization for this Limited Liab	ility Company were filed on Februa	ry 28, 2005 and assigned		
Florida document number <u>L05000020122</u>	·			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	e limited liability company here:			
SCI Strategic Consultants, LLC				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
"L.L.C."				
		PRE A I		
5		75		
B. If amending the registered agent and/or	registered office address on our i	ecords, enter the name of the new		
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>e address here</u> :			
		152 II 1		
None -Chi D1-4 1.4		HI: 00 F STATE FLORID		
Name of New Registered Agent:		<u>011_0</u>		
Navy Docintored Office Address.				
New Registered Office Address:	(First year)	71		
	(Enter Florida street address) , Florida			
	(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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Actio
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If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	on i
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nted	TAMUARY 14, 200	8	
	mett	B	
	Signature of marchan	s plead	
	Signature of a member of	admonized representative of a member	

Page 2 of 2

Filing Fee: \$25.00