

# LD5000051383

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

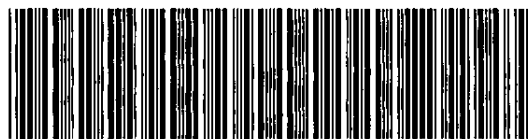
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/10/09--01019--006 \*\*25.00

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2009 DEC 10 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
DEC 11 2009  
EXAMINER

December 8, 2009

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

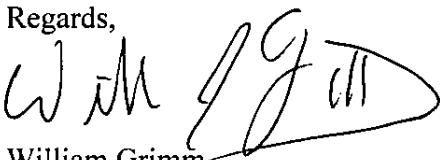
RE: Amending of Name of LLC

To Whom It May Concern:

Please find enclosed the completed forms required to amend the name of our Limited Liability Corporation from Cheryl A. Hadley, LLC to 222 Consulting Services, LLC. We have also enclosed a check in the amount of \$25.00 as required, and copies of our LLC information printed from [www.sunbiz.org](http://www.sunbiz.org).

If you have any questions or require additional information, please do not hesitate to contact Mrs. Cheryl A. Hadley at 561-574-4342 or via email at [cherylahadley@aol.com](mailto:cherylahadley@aol.com). Thank you and have a great day.

Regards,

A handwritten signature in black ink, appearing to read 'William Grimm', with a large, stylized flourish extending from the end of the signature.

William Grimm  
(On behalf of Cheryl Hadley)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHERYL A. HADLEY, 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:

CHERYL HADLEY  
Name of Person

CHERYL A. HADLEY, LLC  
Firm/Company

27 VISTA DEL RIO  
Address

BOYNTON BEACH, FL 33426  
City/State and Zip Code

cheryl.a.hadley@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL HADLEY at (561) 574-4342  
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

2009 DEC 10 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHERYL A. HADLEY, 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 05/18/2005 and assigned  
Florida document number LO5000051383.

This amendment is submitted to amend the following:

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

222 CONSULTING SERVICES, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

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

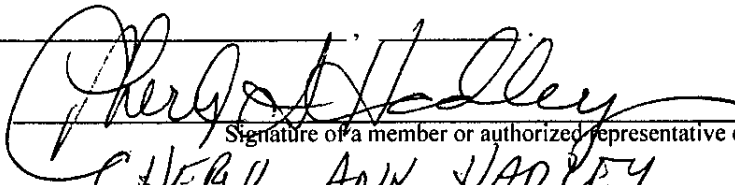
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM J. GRIMM	27 VISTA DEL RIO BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
CHERYL ANN DALEY  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA