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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
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A. LUNT

APR 23 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
SLLAHASSEE, FLORID.

04/22/08--01005--006 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	ì	
SUBJECT: R	(Name of Limited Liability Company)	
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
•	oncerning this matter to the following:	
	RER CONSULTING GROUP LLC 2370 TURNBURY PRIJE  (Firm/Company)	
	RER CONSULTING GROUP LLC 2370 TOLNBURY DRIVE  (Firm/Company)  ASSET ARY  (Address)  (City/State and Zip Code)  TOLNBURY  (City/State and Zip Code)  (City/State and Zip Code)	
	at (321) 274 3795  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the followin \$25.00 Filing Fee \$30.0 Ce		ed)
MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion Registration Section orations Division of Corporations Clifton Building	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	SUCTING 6 A iability Company as it now a lorida Limited Liability Comp		
The Articles of Organization for this Limited Lial Florida document number LO 500 (	bility Company were filed o		and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compar	ay here:	
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address	,	
Name of New Registered Agent:		MIL	- SEC
New Registered Office Address:		(Enter Florida stre <b>s fait</b>	dress T
		, Florida	D 17
	(City)	TATE ORIDA	::(Zip Cedel
New Registered Agent's Signature, if changing Re	gistered 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)

1

MGR = Manager

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:

MGRM = Managing Member **Address Type of Action** <u>Name</u> Pamela L. Roberts Add Remove ☐ Add ☐ Remove Add Remove □Add Remove Add 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00