

L05 000082053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

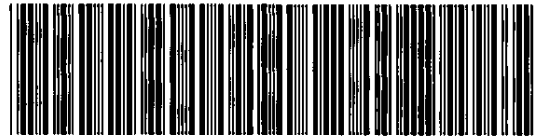
L05-82053

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 27 2009

EXAMINER

(W)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

GIANCARLO GOMEZ-DIEZ
2255 GLADES RD SUITE 302-E
BOCA RATON, FL 33431

SUBJECT: GODZ HOLDINGS, LLC
Ref. Number: L05000082053

We have received your document for GODZ HOLDINGS, 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

You cannot make changes on a dissolved LLC.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 909A00017820

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

GODZ HOLDINGS, 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 08/19/2005 and assigned
Florida document number L05000082053

This amendment is submitted to amend the following:

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

AMERICA CONSULTING GROUP, 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)

2255 GLADES RD, SUITE 302-E

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2255 GLADES RD, SUITE 302-E

BOCA RATON, FL 33431

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:

MARCINKOSKI, ANDREA

New Registered Office Address:

2255 GLADES RD, SUITE 302-E

Enter Florida street address

BOCA RATON

Florida

33431

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.

Andrea Marcinkoski
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	GOMEZ-DIEZ, LAURA M.	2255 GLADES RD, SUITE 302-E BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARCINKOSKI, ANDREA	2255 GLADES RD, SUITE 302-E BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	COLMENARES, MAIBE C.	6735 GREEN ISLAND CIRCLE LAKE WORTH FL 33463	<input type="checkbox"/> Add <input checked="" 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

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INVESTIGATION

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

Dated MAY 20TH, 2009.

Andrea Marcinkoski

Signature of a member or authorized representative of a member

MARCINKOSKI, ANDREA

Typed or printed name of signee