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M. THOMAS

JUL 9 2009

EXAMINER

COVER LETTER

	stration Section of Corp				
SUBJECT: _		SC Co	onsulting LLC		
_			ted Liability Company	***************************************	•
The enclosed	Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please return a	all correspon	dence concerning this matter	to the following:		
			Steven Casey		_
			Name of Person		_
			SC Consulting LLC		工器 胃 不
			Firm/Company	•	
1		17400 Gulf Blvd. C-7		FILEU 29 200 JUL-8 MIO: 29 TALLAHASSEE, FLORIG	
			Address		原 至 乙
		Red	ington Shores, FL 33	708	FLOTA IO. 2
			City/State and Zip Code		
		S	pc_123@yahoo.com		7
		E-mail address: (to be used for future annual rep	ort notification)	•
For further inf	formation co	ncerning this matter, please of	all:		
		ven Casey	at (_813)	334-5949	
	Name of	Person	Area Code &	Daytime Telephone Numb	oer .
Enclosed is a	check for the	following amount:			
\$25.00 Fili	ing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific enclosed) Certifi	Filing Fee, cate of Status & cell Copy conal copy is enclosed)
	Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	Registration Division of Clifton Bui	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC Consu	Ilting LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L05000105667	were filed on	10/31/2005	and assigned
Florida document numberL05000105667			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	17400 Gulf Blvd. C-7		
(Principal office address MUST BE A STREET ADDRESS)	Redington S	hores, FL 33708	, , , , , , , , , , , , , , , , , , ,
	 	-	2 8 2 8 ····································
Enter new mailing address, if applicable:	17400 Gulf E	Blvd. C-7	器声而
(Mailing address MAY BE A POST OFFICE BOX)	Redington S	hores, FL 33708	SSR do
			TO BOOK
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on <u>·e</u> :	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street add	dress
	C'A.	, Florida	7: 0 1
	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>	Name	Address	Type of Action
MGR	WILHELM-CASEY, ANELIS	610 Lake Cypress Circle Oldsmar, FL 34677	Add Remove
			Add Remove
			Add Add Remove
			Remove K
			TIPAdd 5
			AddRemove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	ssary.)
_			
	June 21	009	
	Signature of a member	r or authorized representative of a member	
	Typed	en P. Casey or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00