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SECRETARY OF STATE
FALL ANALYSIS F THORRY

COVER LETTER

TO:

Registration Section Division of Corporations

CBC Consulting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

STEVEN BUGAY
Name of Person

GBC Conculting, LLC

1638 Fordham st.

bolingbrook, 1L 60490

City State and Zip Code

Sbuggy @dema-architecture.com

E-mail addess (to be used for funue animal report notification)

For further information concerning this matter, please call:

STEVEN BUGAY at (630, 685-8133

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Lia (A Flo	ulting bility Compan orida Limited L	y as it now app jability Company	ears on our records.)	
The Articles of Organization for this Limited Liabi Florida document number \(\begin{array}{cccccccccccccccccccccccccccccccccccc		were filed on _	1/13/2006	and assigned
This amendment is submitted to amend the followi	ng.			
A. If amending name, enter the new name of the Specialized The new name must be distinguishable and end with the "L.L.C."				LLC" or the abbreviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET.		,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>.N</u>	N/A		
B. If amending the registered agent and/or registered agent and or the new registered office			n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address.			Enter Florida street ada	hess
***			Florida	Zip Code
		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.8. 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 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 MGRNI = Managing Member					
Title .	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
***************************************			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
***************************************			Add		
			Remove		
			Remove		

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary)
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ated	3/5/13
	Bugan
	Signature of a member or authorized representative of a member STEVEN BUGAY
	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

