## L06000111918

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## COVER LETTER

Division of Co	orporations	. ,	
SUDJECT.	BEC Consulting LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Late I Co. I COMP		
	Iola J. Gocke, SPHR		
		Name of Person	
	BEC Consulting LLC		
		Firm/Company	_
	3660 Hartsfield Road		
		Address	<del></del>
	Tallahassee, FL 32303		
		City/State and Zip Code	<u> </u>
	igocke@becserv.com		
	E-mail address; (	(to be used for future annual report notification)	_
For further information	concerning this matter, please c	all:	
Iola J. Goeke, SPHR		850 558-3104 at ( )	
Name	of Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy.  mal copy is enclosed)  15  17  18  18  18  18  18  18  18  18  18
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PM 3: 06  EN STATE  FUNDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L06000111918  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on 11/17/2006 and assigned
A. If amending name, enter the new name of the minted hab.	mity company nere.
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3660 Hartsfield Road, Suite 104
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of 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 agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree-to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dobbs, James R., Ph.D	3660 Hartsfield Road, Suite 135	
	•	Tallahassec, FL 32303	■ Remove
		<del></del>	□ Change
MGR	Goeke, Iola J., SPHR	3660 Hartsfield Road, Suite 104	<b>⊟</b> Add
		Tallahassee, FL 32303	☐ Remove
,		<u></u>	Change
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