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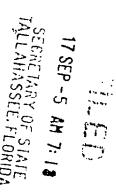
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT: Sch	unpert Consu	Iting Lec	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kev. y	Schaffer Namo of Person	
	Schapper	Consulting L	<u>LC</u>
	40 SE	Sth St Ste	502
	Rosa Pat	en FC 3	3432
	KSCLUP 1 E-mail address: (1	City/State and Zip Code Of Maril Com to be used for future annual report notified	cation)
For further information c	oncerning this matter, please ca		
Kevin Sch	happeri	at (<u>561</u>) <u>702</u> - Area Code Daytime	O 9 4 3 Telephone Number
Enclosed is a check for the	he 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)
	WG + DDDE00		D. (DDD)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Schappert Cons	sulting	as it now appears on our rollity Company)		
(Name of the Limite)	d Liability Company A Florida Limited Liab	as it now appears on our i oility Company)	records.)	
The Articles of Organization for this Limited Lia	bility Company w 067년	ere filed on <u>12/14</u>	169	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
None				
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)	Noae		AS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	- 	Hone		SEP-5 AM 7: AHASSEE, FLOO
B. If amending the registered agent and/o registered agent and/or the new registered off	-	e address on our re	cords, ente	er the name of the nev
Name of New Registered Agent:	Kevin	Schapper 5th St	T_	
New Registered Office Address:	40 SE	Enter Florida street	Ste.	502
	Boxa Ri	Enter Morida street	, Florida _	33432 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member		,
<u>Title</u>	<u>Name</u>	Address Conc	Type of Action
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			Change
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an effective date is list ote: If the date in:	ther than the date of sted, the date must be spe serted in this block do to date on the Departm	eific and canno es not meet th	ot be prior to d ne applicable	ate of filing or a statutory filing	nore than 90 days	optional) s after filing, s, this date) Pursuant to 60	05.026 sted a
	es a delayed effe after the record is		but not a	n effective	time, at 12:	01 a.m.	on the earl	lier
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	Signal Evr'n Sch	ire of a member	er or authorize	d representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00