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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN
AUG 1 4 2012

EXAMINER

COVER LETTER

TO:	Registration So Division of Co		·	
SUBJI	ect.	LGG Consu	ulting Service, LLC	
30131			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
			Lawrence Barris	
			Name of Person	
		LGG	Consulting Service, LLC	 2
			Firm/Company	問題か
			3602 42nd ST SW	題馬戶
			Address	S
		Le	ehigh Acres, FL 33976	下ILEU 2:40 mg:40
		laacon	City/State and Zip Code asultingservice@gmail.com	5
		E-mail address: ((to be used for future annual report notification)	
For fu	ther information o	concerning this matter, please of	call:	
	Lav	vrence Barris	at (239) 935-5381	
	Name o	of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check for t	he following amount:		
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

LGG Co	nsulting Service, LL	<u>C</u>	
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	05/04/2007	and assigned
Florida document numberL07000048125	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<i>ā</i> :	
Lawrence	Barris Consulting, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	PRESS)		
			图 5
			THE PERSON NAMED IN COLUMN TO PERSON NAMED I
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	· - /·· · · · · · · · · · · · · · · · ·	20 20
(Mailing address MAY BE A POST OFFICE BOX)			P P
	***************************************		Fig. 2
			5
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on (our records, <u>enter</u>	the name of the new
registered agent analor the new registered villes au	diess here.		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	iress
		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Action
			Add Remove
	<u></u>		Add Remove
			Add Remove
1 8.0' - ''			Add Remove
			Add Remove
			
D. If amend	ling any other information, e	nter change(s) here: (Attach additional sheets, i	if necessary.)
D. If amend	Jing any other information, e	nter change(s) here: (Attach additional sheets,	
D. If amend			ZBIZ AUG SECRETA
D. If amend	August 74	nter change(s) here: (Attach additional sheets, i	

Page 2 of 2

Filing Fee: \$25.00