L07000049420

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J. BRYAN
OCT 11 2010
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Kathleen	Livingston, LLC	
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sul	-	
Please return an corres	pondence concerning this matter	to the following:	
	1	Duane Janssen, CPA	
		Name of Person	PG a n
	Jar	nssen & Igar, CPAs, PA	FILED 1:06 DOT-8 PM 1:06 ALLAMASSEE, FLORIDA
		Firm/Company	SSET SSET
	16	S26 38th Avenue North	
		Address	ORNE OR
	St	. Petersburg, FL 33713	7
		City/State and Zip Code	<u></u>
	Dua E-mail address: (ne@Janssen-CPA.com to be used for future annual report notifica	tion
For further information	concerning this matter, please of	· · · · · · · · · · · · · · · · · · ·	uion)
	ne Janssen, CPA	at (727) 5	25-9723 Celephone 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)
	LING ADDRESS: stration Section	STREET/COURIEI Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kathleen	Livingston, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now apper mited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	May 9, 2007	and assigned
Florida document numberL07000049420	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	re:	
	rity and Consulting,		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "I	_
			ZEE O
Enter new principal offices address, if applicable:			S T
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		8 m
	 2		
Enter new mailing address, if applicable:			8
(Mailing address MAY BE A POST OFFICE BOX)	 		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
,	Er	nter Florida street add	ress
		, 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
MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Richard Livingston	3115 E Vina Del Mar Blvd. St. Pete Beach, Fl. 33706	☐ Add Remove
			Add Remove
			Add Remove
	· ·		Add Remove
 			Add Remove
			Add Remove
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necess	ary.)
			10 OC
		/	AASSEE
Dated	//////////////////////////////////////	2010 ₇ .	PN 1:06 PN 1:06
-		Kathleen Livingston yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00