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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Christopher Russo Consulting. (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chris Russo (Name of Person) Christopher Russo Consulting (Firm/Company)
1280 Harrover Ct
SPrwghtu Fl 34606 (City/State and Zip Code) (City/State and Zip Code)
(City/State and Zip Code) (City/State and Zip Code) ACC ACC ACC ACC ACC ACC ACC A
For further information concerning this matter, please call: Chris Russo (Name of Person) at 239, 398-2924 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AT'	
(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 5-30-07 and assigned	
Florida document number <u>L. O. 700005698</u>].	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The manner of the new name of the minuted nationally temporary nere.	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrev "L.L.C."	iation
B. If amending the registered agent and/or registered office address on our records, enter the name of the	nev
registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here:	
	Q50
	8
Name of New Registered Agent:	CTICEL CONTRACTOR
m-<	-
New Registered Office Address:	
(Enter Florida street address)	
	D -
, 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)

IGR = Mana IGRM = Ma	ger naging Member		
<u>itle</u>	<u>Name</u>	Address	Type of Actio
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If amendin	ng any other information, enter cha	ange(s) here: (Attach additional sheets, if	necessary of STATE STATE
ated F	ebruary 27, 6	2008.	

Page 2 of 2

Filing Fee: \$25.00