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SECRETARY OF STATE

APR - 1 2013 J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

Diversified Consulting Partners, LLC

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:

Jessica Young

Name of Person

Diversified Consulting Partners, LLC

Firm/Company

11481 St. Augustine Road Suite 303

Address

Jacksonville, FL 32258

City/State and Zip Code

Jessica. Young@Analyticspartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Young

_{.,/}904\322-7736

Name of Person

Area Code & Daytime Telephone 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)

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SECRETAR SEE FLORE

MAILING ADDRESS:

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

any as it now appears on our reco Liability Company)	ords.)
ny were filed on July 20,2007	and assigned
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bility company here:	35 B
nited Liability Company," the desig	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	7
	enter the name of the ne
Enter Florida si	treet address
	orida
	11481 St. Augustine R Jacksonville, FL 32258 Enter Florida s. , Florida s.

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	Address	Type of Action
MGRM	Lala Investors, LLC	11975 Aladdin Road	✓ Add
		Jacksonville, FL 32223	Remove
MGRM	L.G.Hamilton, Inc	5001 Havenwood Oaks Terrace	9
		Jacksonville, FI 32244	Remove
MGRM	Analytics Partners, Inc.	1303 Mallard Landing Blvd	n
		Jacksonville, FL 32259	Remove
		TALL AT	Add Add
		ASSEE. FL	RIMOVe
		ORIO	Add
			Remove
			Add
			Kemove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	(Ain)	
	Milet III (Clus)	
	Signature of a member or authorized representative of a member Lisa Davis	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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