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08 JUN 16 PM 2: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
JUN 1 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Worthington Everidge Consulting, LLC					
•	(Name of Limit	ted Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	ndence concerning this matter t	to the following:			
	Don Brown				
	DOIT BIOWIT	(Name of Person)	<del></del>		
	Serviam Consulting, LLC				
		(Firm/Company)			
	1127 Edgewater Drive				
		(Address)			
	Orlando, FL 32804	(City/State and Zip Code)			
		(City/state and Zip Code)			
For further information co	oncerning this matter, please ca	dl:			
Daniel G. Worthingtonat (_407) 493-6142					
(Name o	f Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for th	e 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)		

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

FILED

OB JUN 16 PM 2: 31

•		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Worthington Everidge Consulting, LLC		TALLAHASSE STATE
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our s Limited Liability Company)	ecords.) "OSLE, FLORIDA
	<b>f</b>	
The Articles of Organization for this Limited Liability	Company were filed on 08/06/2007	and assigned
Florida document number L0700080901	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Serviam Consulting, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
intuming dual LSS INTIT BE AT LOST OF TICE BOX		
B. If amending the registered agent and/or regis	stered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office ad	dress here:	, , , , , , , , , , , , , , , , , , , ,
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florid	la street address)
		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 aniending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>itle</u> ,	<u>Name</u>	Address	Type of Action
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···			- D
If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if n	FILED  08 JUN 16 PM 2: 31  SECREJARY OF STATE TALLAHASSEE, FLORIDA
ated May 9	Out 22	r or authorized representative of a member	
	O Signature of a member	or audionated representative of a member	

Page 2 of 2

Filing Fee: \$25.00