

LO7000127739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

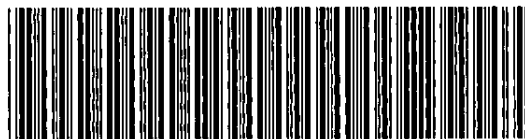
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200260862962

06/13/14--01002--002 **25.00

RECEIVED
2014 JUN 13 AM 8:43
SOUTH CAROLINA
SECRETARY OF STATE

JUN 13 2014

T CLINE

RECEIVED
2014 JUN 13 AM 8:51
SOUTH CAROLINA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clary Consulting, 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:

Eugene A. Branagan

Name of Person

Clary Consulting, LLC

Firm/Company

2260 Wednesday Street, Suite 200

Address

Tallahassee, Florida 32308

City/State and Zip Code

gbranagan@claryconsulting.com

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

For further information concerning this matter, please call:

Eugene A. Branagan

Name of Person

at 850 545-0113

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)

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

14 JUN 13 AM 9:51

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Clary Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L07000127739.

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" or the abbreviation "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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Branagan Consulting, LLC	2260 Wednesday Street, Suite 200, Tallahassee, Florida 32308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Clary Development, LLC	2260 Wednesday Street, Suite 200, Tallahassee, Florida 32308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lowell R. Clary	2260 Wednesday Street, Suite 200, Tallahassee, Florida 32308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Eugene A. Branagan	2260 Wednesday Street, Suite 200, Tallahassee, Florida 32308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

14 JUN 13 AM 8:51
RECEIVED
TALLAHASSEE
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 13, 2014



Signature of a member or authorized representative of a member

Eugene A. Branagan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
JUN 13 2014

14 JUN 13 AM 8:51

RECEIVED
JUN 13 2014