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EXAMINER

COVER LETTER

	egistration Se vision of Cor			
SUBJECT	. SHARP	INVESTMENTS AND C	CONSULTING, LLC	
			ited Liability Company)	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	m all correspo	ondence concerning this matter	to the following:	
		BENJAMIN SHARP		
	`		(Name of Person)	
			(Firm/Company)	. <u></u>
3811 LONG GROVE				·
			(Address)	
		PORT ORANGE, FL	_ 32129 (City/State and Zip Code)	
For further	information o	concerning this matter, please c	all:	
BENJAN	IIN SHAR		at (913) 449-1877	
	(Name	of Person)	(Area Code & Daytime	Felephone Number)
Enclosed is	a check for the	he following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section	STREET/COURIER Registration Section Division of Corporation	

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

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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 FEB 21 PM 3: 25

SHARP INVESTMENTS AND CONSULT	TING, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recontainty Company)	ords.)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>01/25/2008</u>	and assigned	
Florida document number <u>L'0800009064</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the desig	nation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the new	
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	JOHN MONTENIG	RO	105 COCHISE PALM COAST FL 32137	Add Remove
MGRM_	KRISTEN MELAN	D	105 COCHISE CT PALM COAST, FL 32137	Add Remove
***************************************				Add Remove
				Add Remove
<u>.</u>				Add Remove
				Add Remove
D. If amend	ling any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)	_
_			· · · · · · · · · · · · · · · · · · ·	_
_				
Dated FEB	RUARY 19	, 2008		
			r authorized representative of a member	
,	ANEMONE ROSENE	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00