## L08000010270

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		
cup in	C) C)	NE CONSULTING, LLC		
SUBJE	UI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submondence concerning this matter		
		LAURENCE AUGUSTIN	E	
			Name of Person	,
		NGLLC.COM  report notification)  11-6983  Daytime Telephone Number  &  \$60.00 Filing Fee, Certificate of Status &		
			3	
	AUGUSTINE CONSULTING, LLC  Firm/Company  2037 CROWN DRIVE  Address  SAINT AUGUSTINE, FL 32092			
			Address	
		SAINT AUGUSTINE, FL	32092	R 22 AH 10: 37
			City/State and Zip Code UGUSTINECONSULTINGLLC.CO	OM
<b>n</b> c			to be used for future annual report notif	ication)
		concerning this matter, please ca		
LAURENCE AUGUSTINE			904 631-6983 at ()	
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for t	he following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		ING ADDRESS:	STREET/COURI Registration Section	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUGUSTINE CONSULTING, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000010270</u>	were filed on JANUARY 29, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SQ RISK MANAGEMENT SOLUTIONS LLC		The state of the s
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applicable:	2037 CROWN DRIVE	<b>第</b> 圣而
(Principal office address MUST BE A STREET ADDRESS)	SAINT AUGUSTINE, FL 32092	22 Sept.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AM 10: 37
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	e: Enter Florida street address	
	, Florid	
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Name Address Type of Action** \_ Add \_□ Remove ☐ Change □ Œ nge \_□ A**6d**}, □ Remove □ Change \_□ Add \_□ Remove \_□ Change \_□ Add □ Remove \_ Change □ Add \_□ Remove

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Typed or printed name of signee

Filing Fee: \$25.00