## L0800012032

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: IEC Consultants, 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:							
Douglas M. Chambers (Name of Person)							
IEC Consultants, LLC (Firm/Company)							
7520 Wentworth Drive							
Lake Worth, FL 33467							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Douglas M. Chambers at (305) 546-0009 PG Representation of Person) (Area Code & Daytime Telephone Number) PG Representation of Person)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \te							
MAILING ADDESS. STDEET/COUDIED ADDESS.							

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

(Name of the Limited Li	nergy  ability Company as lorida Limited Liability	Solution it now appears on our	records.)	- 		
The Articles of Organization for this Limited Liability Florida document numberL 08000012	ility Company were	• • • •	y 1, 2008	and assi	gned	
This amendment is submitted to amend the following	ring:					
A. If amending name, enter the new name of the learning l	Itants,	LLC	designation "LLC"	' or the a	bbrevia	_ tion
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:		ddress on our reco	ords, <u>enter the</u> 1	name SECRETAR) ALLAHASSE	the n	iew
New Registered Office Address:		(Enter Flor	ida street addres	OF STATE	AH 0: 42	9
-	(Ci	(y)	, Florida <i>(</i>		<u></u>	_

## 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Sanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	<del></del>		FEB 26 AM
			FREMOVE TO THE PROVE TO THE PRO
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	rebruary 19, 20	108. M. C. []	
	DouglA.	or or authorized representative of a member  Solution of the control of the contr	

Page 2 of 2

Filing Fee: \$25.00