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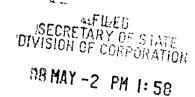
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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1A CONSULTING	S, LLC.
(Name of Limit	led Liability Company)
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
IVAN B	RICENO (Name of Person)
	LTING, LLC, (Firm/Company)
8125 ST	ONE LEAF LANE (Address)
00 6	(Address)
TAMPA, F	1 33647
	(City/State and Zip Code)
For further information concerning this matter, please ca	il:
IVAN BRICENO	at (813) 363-6989 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1A 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 2/19/2008 and assigned Florida document number L080001773 I
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 "LLC."
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: JUAN BRICENO
New Registered Office Address: 8125 STONE LEAF LANE
(Enter Florida street address)
(City), Florida 5364 / (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)

To whom it concerns,

I Ivan Briceno to hereby accept the responsibility of Registered Agent for IA Consulting, LLC. I am aware of the responsibilities, and will retain this title until removed by a MGRM.

Ivan Briceno, MGRM IA Consulting, LLC.

<u>Title</u>	Name		Address	Type of Action
VGRM	ASHLEY BE	SICENS	8125 STONE LEAF LA TAMPA, FL 33647	Add Remove
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<u> </u>				Add Remove
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). If amendi	ng any other information, e	enter change(s	s) here: (Attach additional sheets, if ne	cessary.)
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Dated 4	/28/2008	, <u>Zoc</u>	8.1	

Page 2 of 2

Filing Fee: \$25.00