L08000044443

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DEPARTMENT OF STATE NVISION OF CORFORATIONS TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EARTH Torves CONSULTING GROUP, 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:

MR. JASON GARCIA				
(Name of Person)				
1930 VILLAGE GREEN WAY				
(Firm/Company)				
SUME 101				
(Address)				
TALLAHASSEE, FL. 32308 (City/State and Zip Code)				
(City/State and Zip Code)				

For further information concerning this matter, please call:

State State State (Name of Person) at (BSD 907-5720 (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears on our records.)
la Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>408000044443</u> 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 add Florida (City) 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 agr 🗷 🗟 co 🖼 ly with the provisions of all statutes relative to the proper and complete performance of my duties, and I an 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 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	lanaging Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	- ARR. JASON GARCIA	1900 VICORGE GREEN W.	Add Remove
<u>M GKM</u>	STELLE STINGON	5494 CHARLES SAMUEL TALL, FL. 32309	De □ Add Remove
MGRM	BEK E. WILLS	3360 CHARLESTON Rp. THU PL 32309	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary	, <u>)</u>
			<u> </u>
 Dated			08 JUN -6
		or authorized representative of a member	7 0F 87ALL
-	STEVEN W. STIN	Sor	<u> </u>

Page 2 of 2

Filing Fee: \$25.00