108000054613

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



100171848121

03/11/10--01028--014 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR II AM TO L

T. CLINE
MAR 1 2 2010
EXAMINER

COVER LETTER

TO:	Registrati Division o					
SUBJECT: Absolute Success Group, L.L.C.						
			Name of Limi	ted Liability Company		
The en	closed Articl	les of An	nendment and fee(s) are sub	omitted for filing.		
Please	return all cos	rrespond	ence concerning this matter	to the following:		
John F. Davis						
				Name of Person		
			JFD	Consulting Group, LLC		
				Firm/Company		
694 Seabrook Ct., #204					-1 -1	
				Address		SEC SEC
			Altar	nonte Springs, FL 32714		HAR AHAR
			,	City/State and Zip Code	,, , , , , , , , , , , , , , , , , , ,	ARY OF
			F-mail address: (davis18@gmail.com to be used for future annual report notifi	(cation)	E OF S
For fur	ther informa	tion con	cerning this matter, please c	-	Callony	2010 MAR 11 AM 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORID
		Johr	ı F. Davis	at (407)	252-4031	>
	N	ame of Po	erson	Area Code & Daytime	e Telephone Number	
Enclos	ed is a check	for the i	following amount:			
\$25	i.00 Filing Fe	ee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified (of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle			

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Absolute Success	s Group, L.L.C	D	·····	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	06/02/2008	and assigned	
Florida document numberL08000054613				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	:		
JFD Consulting	Group, LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			SEC 010	
			AR A	
			III SSE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			E S E	
	<u> </u>	 	- 5 - 5	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		or records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
***************************************		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I harahy account the appointment as registered agent and agree	a to not in this on	nasity I further am	ee to comply with	

I hereby accept the appointment as registered agent und 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 = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			ZOUS HAR
•	<u> </u>		SARAdd —
			ORIDANA 6
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
	1006 9 20		_
Dated M	ARCH 1 JULI	1 <u>0</u> .	
	JOHN F. DAV	or authorized representative of a member / S or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00