

08000061979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

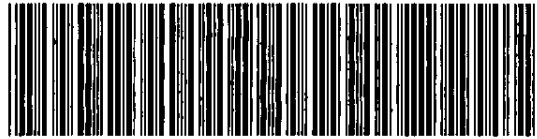
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2009 OCT 30 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

NOV - 2 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emotional Connections Consulting, 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:

Gil Sanchez

Name of Person

Sanchez Law Offices, P.A.

Firm/Company

114 S. Fremont Ave.

Address

Tampa, FL 33606

City/State and Zip Code

gil@smallbizlaw.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gil Sanchez

Name of Person

at ( 813 )

254-1777

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO . . .  
ARTICLES OF ORGANIZATION  
OF**

## Emotional Connections 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 6/24/2008 and assigned Florida document number L08000061979.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

**Frederick Communications and Consulting, LLC**

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:**

**3837 Northdale Blvd Suite 112**

***(Principal office address MUST BE A STREET ADDRESS)***

**Tampa, FL 33624**

**Enter new mailing address, if applicable:**

**3837 Northdale Blvd Suite 112**

**(Mailing address MAY BE A POST OFFICE BOX)**

**Tampa, FL 33624**

**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 address

**, Florida**

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 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

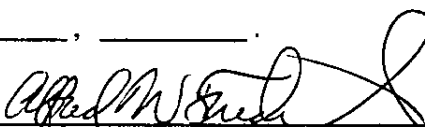
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Deborah Tamargo	10401 OAKBROOK DRIVE TAMPA FL 33618 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Inmaculada Frederick	3837 Northdale Blvd Suite 112 Tampa, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Monique Frederick	3837 Northdale Blvd Suite 112 Tampa, FL 3362	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 26, 2009, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Alfred Frederick  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2009 OCT 30 PM 4:23  
SECRETARY OF STATE  
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