# L08000078762

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

St. Johns Data 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:

# Michael Antal

Name of Person

St. Johns Data Consulting, LLC

Firm/Company

450-106 SR 13 N, #103

Address

St. Johns, FL 32259

City/State and Zip Code

mantal@sidcforensics.com

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

For further information concerning this matter, please call:

# Michael Antal

<sub>#/</sub>904 657-7115

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

□ \$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 Tallahassec, 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

St. Johns Data Consul	lting, LLC			
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number L0800078762	Liability Company were filed on 8/18/		_ and assig	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company here:			
The new name must be distinguishable and end with the	e words "Limited Liability Company," the desig	gnation "LLC" or the abbr	eviation "L.I	C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
	•			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on ou office address here:	r records, enter the	e name of	f the new
Name of New Registered Agent:	Michael Antal			<del></del>
New Registered Office Address:	450-106 SR 13 N, #103		<u> </u>	/ V
	Enter Florida s			( \$922 ( )
	St. Johns	, Florida 322	59 ::: Zip Code-	1 1 1
New Registered Agent's Signature, if changing	,	ر د د د د د د د د د د د د د د د د د د د	Ep Colle	ألعوروه
I hereby accept the appointment as register provisions of all statutes relative to the propactions of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my sistered agent as provided for in Chap e registered office address, I hereby co s change.	duties, and I am fam oter 605, F.S. Or, if t onfirm that the limite	uiliar with this docum ed liability	and ient is
	If Changing Registered Agent,	Signature of New Regist	erea Agent	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR'= Manager

$\mathbf{AMBR} = \mathbf{A}$	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Holly Antal	450-106 SR 13 N	
		#103	■ Remove
		St. Johns, FL 32259	
MGR	Michael Antal	450-106 SR 13 N	<b>■</b> Add
		#103	□ Remove
		St. Johns, FL 32259	
			□ Add
			☐ Remove
			<u></u>
			□ Add
			☐ Remove
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			□ Add
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The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
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	annot be more than 90 days after

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Filing Fee: \$25.00