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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELECTION MANAGEMENT CONSULTING SERVICES 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:

TRACEY C. HIGGINBOTHAM

Name of Person

HIGGINBOTHAM COMPANIES INC.

Firm/Company

3790 N. U.S. 1, SUITE 1

Address

COCOA, FL 32926

City/State and Zip Code

TCHIGGINBOTHAM@HIGCOINC.COM

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

For further information concerning this matter, please call:

TRACEY C. HIGGINBOTHAM

at (321) 632-5726

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
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**

ELECTION MANAGMENT CONSULTING SERVICES, 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 12/04/2008 and assigned
Florida document number L08000111349

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2590 14TH AVE., N.E.

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34120 US

Enter new mailing address, if applicable:

19703 ABRAMS FALLS RD.

(Mailing address MAY BE A POST OFFICE BOX)

BRISTOL, VA 24202 US

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:

BERNOSKY, EDMUND J., JR.

New Registered Office Address:

2590 14TH AVE., N.E.

Enter Florida street address

NAPLES

City

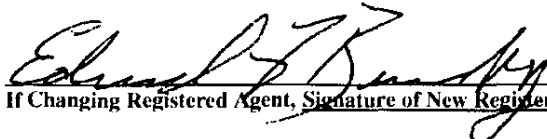
Florida

34

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 605, 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

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TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BERNOSKY, EDMUND J., JR.	2590 14TH AVE., N.E.	<input type="checkbox"/> Add
		NAPLES, FL 34120 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	REHFUSS, CHRISTINA C.	19703 ABRAMS FALLS RD.	<input type="checkbox"/> Add
		BRISTOL, VA 24202 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ DATE OF FILING _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 16, 2015

Edmund J. Bernosky, Jr.
Signature of a member or authorized representative of a member

EDMUND J. BERNOSKY, JR.

Typed or printed name of signee