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(R	equestor's Name)
(A	ddress)
(A	ddress)
	·
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

G. MCLEOPhly

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EXAMINER



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Sign of the same o

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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	ECT:	CHEMO	ONSULT, LLC		
٠.		Name of Limit	ed Liability Company	·	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
			Tatiana Sirotovitch Name of Person		
		C	HEMCONSULT. LLC		
			Firm/Company		
			Address		-
			LM COAST, FL 32137 City/State and Zip Code		-
		E-mail address: (to	edvick@bellsouth.net o be used for future annual report	notification)	
For fur	ther information co	oncerning this matter, please co	all:		
<u>. </u>	Tatiar Name of	na Sirotovitch Person	at (386)Area Code & D	338-4773 aytime Telephone Number	er
Enclose	ed is a check for the	e following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	ate of Status &

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

(Name of the Limited	CHEMCONSULT, LLC Liability Company as it now appear	rs on our records.)		
(/	I Liability Company as it now appear A Florida Limited Liability Company)	,		
The Articles of Organization for this Limited L	iability Company were filed on	01/27/2009	and assigned	
Florida document numberL0900008	3871			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end w	th the words "Limited Liability Compa	ny" the designation "	LLC" or the abbreviation	
L.L.C."	on the world Difference Description	,,g	2 2	
Enter new principal offices address, if appli	cable:		The same of the sa	
(Principal office address MUST BE A STREI	ET ADDRESS)		H 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
			tut - <	
			77	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	
			the name of the non	
B. If amending the registered agent and registered agent and/or the new registered o	•	our recorus, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Sirotovitch Tatiana			
New Registered Office Address:	37 FRONT ST.			
	Enter Florida street address			
	Palm Coast	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR_	Natalia Rozhkova	37 Front str. Palm Coast, Fl 32137	Add Remove
MGMR.	Tatiana Sirotovitch	37 Front str. Palm Coast, Fl 32137	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	<u>_</u>
			_
Dated	January 2nd		
	Signature of	of a member or authorized representative of a member	
		Tatiana Sirotovitch Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00