LO9.000010161

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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S. HAWKES

MAR 1 0 2009

EXAMINER

COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|---|---|--|---|--|--|
| SUBJECT: Soundvi | ew Consulting, LLC | | [| | |
| (Name of Limited Liability Company) | | | | | |
| | | | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspor | ndence concerning this matter | to the following: | • | | |
| | | | | | |
| | Peter C Mullaney | | | | |
| | | (Name of Person) | | | |
| | The Private Client Law G | Group, PC | | | |
| | | (Firm/Company) | | | |
| | 75 14th Street NE, Ste 2 | 710 | | | |
| | 70 THAT OHOOK NE, OHO E | (Address) | | | |
| | Atlanta, GA 30309 | | | | |
| | , marria, e, resolution | (City/State and Zip Code) | | | |
| | | | | | |
| For further information co | ncerning this matter, please c | all: | • | | |
| Peter C Mullaney | | at (_404) 974-3484 | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | elephone Number) | | |
| | | | | | |
| Enclosed is a check for the | e 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

| (Name of the Limited) | d Liability Company as it nov A Florida Limited Liability Co | v appears on our records.) mpany) | |
|---|---|---|-----------------|
| The Articles of Organization for this Limited L Florida document number L09000010161 | iability Company were filed | on January 30, 2009 | and assigned |
| This amendment is submitted to amend the fol | lowing: | TACT | 9 |
| A. If amending name, enter the new name of | of the limited liability comp | any here: | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liabilit | y Company," the designation "LLC" | |
| Enter new principal offices address, if appli- | cable: | ا الله (الله الله الله الله الله الله الل | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | <u> </u> | 52 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| B. If amending the registered agent and registered agent and/or the new registered o | • | ess on our records, enter the r | name of the new |
| Name of New Registered Agent: | Joseph J. Campus, III | | |
| New Registered Office Address: | 1311 Soundview Trail | | |
| _ | | (Enter Florida street address |) |
| | Gulf Breeze | , Florida 32561 | |
| | (City) | | (ip 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.

(Il Changing Registered Agent, Signature of New Rogistered 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 = Man MGRM = M | nager lanaging Member | | |
|-----------------------|--------------------------------------|--|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add Remove |
| | | | — p |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter cha | ange(s) here: (Attach additional sheets, if necessar | y.) |
| | | | |
| _ | | | |
| Dated Februa | Signature of a men | ed Dompers in | |
| | Joseph J. Campus, I | • | |

Page 2 of 2

Filing Fee: \$25.00