## L090000025141

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (1.21.23)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Dustiness Factor Name)                 |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| 813-909-4716                            |  |  |  |  |

Office Use Only



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SLOWELARY OF STATE
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S. HAWKES

APR 6 2010

EXAMINER

## **COVER LETTER**

| то:                           | Registration Division of C | Section orporations                        |  |  |  |  |
|-------------------------------|----------------------------|--|--|--|--|--|
| SUBJECT: FEBO CONSULTING, LLC |                            |  |  |  |  |  |
| SUBJE                         | C1:                        | Name of Limited Liability Company          |  |  |  |  |
| The end                       | closed Articles            | of Amendment and fee(s) are sul            | bmitted for filing.  |  |  |  |
| Please 1                      | eturn all corres           | pondence concerning this matter            | r to the following:  |  |  |  |
|                               |                            | ·  | Jason Parzy  |  |  |  |
|                               |                            | FEBO CO                                    | NSULTING, LLC  |  |  |  |
|                               |                            |  | Firm/Company   |  |  |  |
|                               |                            | 17603 Cranb                                | rook Da. Lytz FL 3 Address   | 3549   |  |  |
|                               |                            | Parz<br>E-mail address: (                  | City/State and Zip Code  Com  To be used for future annual report notifications. | tion)  |  |  |
| For furt                      | her informatior            | concerning this matter, please o           | call:  |  |  |  |
| ew tri                        | Jaso<br>Name               | n Parzy of Person                          | at ( <u>813) 407-180</u><br>Area Code & Daytime T                                | elephone Number  |  |  |
| Enclose                       | ed 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

| OF  | ۲  |  |
|---|--|--|
| FEBO Cons   | sulfing,LLC  | 10 APR                                   |
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li  | y as it now appears on our records.) ability Company)                      | SSS -5                                   |
| The Articles of Organization for this Limited Liability Company Florida document number 10900035141   | were filed on  | PH 2: 31  PH 2: 31  FINAL CORDA          |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liabil   | lity company here:   |  |
| The new name must be distinguishable and end with the words "Limite"L.L.C."   | ed Liability Company," the designation "                                   | LLC" or the abbreviation                 |
| Enter new principal offices address, if applicable:   | 17603 Cranbrook<br>Lutz FL, 3354   | DR.                                      |
| (Principal office address MUST BE A STREET ADDRESS)   | Lutz FL, 3354  | ٩  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 17603 Cranbrool<br>Lutz FL 33549   | k Dr.                                    |
| B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:   |  | 2.                                       |
| 1   | 1 _  | 37Cila                                   |
| <u></u>   | <u>UTZ, Florida</u><br><i>City</i>   | Zip Code                                 |
| New Registered Agent's Signature, if changing Registered Agent;   |  |  |
| I hereby accept the appointment as registered agent and agre<br>the provisions of all statutes relative to the proper and comple<br>accept the obligations of my position as registered agent as po<br>being filed to merely reflect a change in the registered office of | ete performance of my duties, and I<br>rovided for in Chapter 608, F.S. Or | am familiar with and if this document is |

Page 1 of 2

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> **Address** Type of Action □ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) affiliation at all with FEBO Consulting, LLC an March Dated\_ Signature of a member or authorized representative of a member Jason Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00