

L 09000041465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

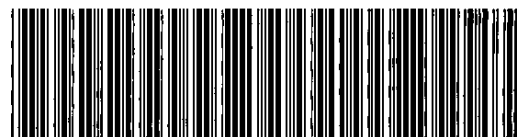
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100187733161

11/29/10--01056--009 \*\*30.00

B. KOHR

DEC - 1 2010

EXAMINER

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 29 AM 10:30

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Consolidated Testing 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:

William F. Peters

Name of Person

Consolidated Testing Services LLC

Firm/Company

750 Oak Heights Ct.

Address

Port Orange, FL 32127

City/State and Zip Code

bpeters@cts.us.com

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

For further information concerning this matter, please call:

William F. Peters

Name of Person

at ( 386 )

756-2287

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

SECRETARY  
DIVISION OF CORP.  
10 NOV 29 AM 10:30

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Consolidated Testing Services LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
10 NOV 29 AM 10:30

The Articles of Organization for this Limited Liability Company were filed on 4-29-2009 and assigned  
Florida document number L09000041465.

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

750 Oak Heights Ct. Suite 306

Port Orange, Florida 32127

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

750 Oak Heights Ct. Suite 306

Port Orange, Florida 32127

**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:

New Registered Office Address:

750 Oak Heights Ct Suite 306

*Enter Florida street address*

Port Orange

, Florida

32127

*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, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeffrey Scott Jackson P.E.	5668 John Anderson Hwy Flagler Beach FL 32136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Antoinette D. Meskel P.E.	113055 Chelsea Harbor Dr. S. Jacksonville, FL 32224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 15, 2010.

William F. Peters  
Signature of a member or authorized representative of a member

William F. Peters  
Typed or printed name of signee