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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT:	Hagen Roth C	onsulting Group, LLC			
Sobsect.		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Anthony Materia			
		Name of Person	····		
	Hagen F	Roth Consulting Group, LL	С		
		Firm/Company			
	301 Y	/amato Road / Suite 1240			
		Address			
	В	oca Raton, FL. 33431			
		City/State and Zip Code			
	am	ateria@hagenroth.com			
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please o	call:			
0	Anna Franks	FC4	245 2450		
	teve Frantz	at (561)	245-2150 ne Telephone Number		
Name (of Person	Area Code & Dayun	ne Telephone Number		
Enclosed is a check for t	he following amount:				
	_		—		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COUR	IER ADDRESS:		
Registration Section		STREET/COURIER ADDRESS: Registration Section			
Division of Corporations Division of Corporations			orations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive C	enter Circle		
1 allali	455000, 1 L 52517	Tallahassee, FL 3			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hagei	Roth Cons	ulting Group,	LLC		
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appea Liability Company)	irs on our records.		
The Articles of Organization for this Limited I	were filed on	May 4, 2009	and ass	igned	
Florida document number L0900004	2698				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company he	e <u>re</u> :		
	N/A	4			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	pany," the designation "LL	.C" or the a	bbreviation
Enter new principal offices address, if applicable:		N/A			<u>S</u>
(Principal office address MUST BE A STRE	ET ADDRESS)			09.	<u> </u>
					美 器
		•		20	757
Enter new mailing address, if applicable:		N/A		2:	
(Mailing address MAY BE A POST OFFICE BOX)					-
				0	***
					44. 40.4
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter th	e name o	f the nev
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		E	nter Florida street addre	ess	
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> **MGRM SCOTT HARRIS** 2584 SE 12TH STREET ☐ Add Remove POMPANO BEACH FL 33062 US ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 July 17 Dated ___ Signature of a member or authorized representative of a member **Anthony Materia**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00