## L09000053283

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danis and Name Inc.)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100209851061

07/14/11--01003--004 \*\*30.00

ALLAHASSEE, FLORIDA

T. CLINE

JUL 15 2011

**EXAMINER** 

## **COVER LETTER**

SUBJECT:	ROW C	ROW Consulting, LLC			
SUBJECT.		ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Stacy Frank			
	Name of Person				
	;				
		18 S. Newport Avenu Address			
	Tampa, FL 33606  City/State and Zip Code			2011 SEI	
	E-mail address: (	sfrank@fltowers.com to be used for future annual rep	oort notification)	AH:	
For further information	concerning this matter, please of	·	·	2011 JUL 14 AMII: 86 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
	Stacy Frank	at ( <u>813</u> )	259-1196	F SI	
Name	of Person	Area Code &	Daytime Telephone Number	ATE ARIDA	
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 a	enclosed) Certified C	of Status &	
MAILING ADDRESS:		STREET/	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Limite	ROW Cons d Liability Compa A Florida Limited I	ulting, LLC  ny as it now appears on our r  Liability Company)	ecords.)		
The Articles of Organization for this Limited I Florida document number		were filed onJune 2	2, 2009	and assigned	l
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the de	signation "l	LLC" or the abbrev	viation
Enter new principal offices address, if appli	118 S. Newport Aven	ue	IA S_ 28		
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33606	_	ECH .	* V* Triag
				UL II. ETAR) HASSI	*****
				SSE YRY +1	§ 7.48.
Enter new mailing address, if applicable:	118 S. Newport Avenu	ue	mo.	IT	
(Mailing address MAY BE A POST OFFICE	Tampa, FL 33606		PE STA		
	<del></del>			10/ 10/ 10/	
B. If amending the registered agent and registered agent and/or the new registered o			ds, <u>enter t</u>	the name of the	<u>new</u>
Name of New Registered Agent:	Stacy Frank	<u> </u>			
New Registered Office Address:	118 S. New	port Avenue			
-	Enter Florida street address				
		Tampa, <sub>I</sub>	Florida	33606	
		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>	Name	Address	Type of Action			
MR	Michael Linet	118 S. Newport Avenue Tampa, FL 33606	Add Remove			
<u>MGRM</u>	Stacy Frank	118 S. Newport Avenue Tampa, FL 33606	✓ Add Remove			
<u>·</u>			Add Remove			
			Add Remove			
	<del></del>		2011 Remove STALLAHASSE			
D. If amend	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	Add Cove Cove Cove Cove Cove Cove Cove Cove			
			· ·			
			<del></del>			
Dated	July 6 ,,	2011				
,	Signature of a memb	per or authorized representative of a member				
Stacy Frank Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00