L09000053918

(Re	equestor's Name)		
(Address)			
·			
		<u></u> _	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
_	_		
(Bı	ısiness Entity Nar	ne)	
(Do	ocument Number)		
(,		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
•			

Office Use Only



400237664504

07/23/12--01030--004 **60.00

12 JUL 23 PH 1: 40
SECRETARY OF STATE

C. LEWIS

JUL 2 4 2012

EXAMINER

COVER LETTER

TO: Registration Section - * ** ** ** Division of Corporations
SUPPLICATE TO SCIENCE CONTRACTOR LLC
SUBJECT: Inscience Consulting, 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:
Robert Richmond Name of Person
In Science Consulting
7516 NW 115 Ferrace
Parkland, FL 33076 City/State and Zip Code
City/State and Zip Code Scriptrob G 901. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ribert Richmon 2 at (954) 757 8787 Name of Person 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, 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 APTICLES OF OPCANIZATION

ARTIC	CLES OF ORGANI OF	ZATION 72 JUL 2	7LED 3 PM 1: 40
INSCIENCE Con (Name of the Limited I		v appears on our records.)	OF STATE E. PLONIDA
The Articles of Organization for this Limited Lia		on 6/3/69	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	y Company," the designation	"LLC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/or registered agent and/or the new registered offi		ess on our records, enter	r the name of the new
Name of New Registered Agent: New Registered Office Address:		Thmon 2 115 Terrice Enter Florida street a	uuress
	<u>larkland</u> City	, Florida _	ファント 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 Title Name **Address Type of Action** 75/6 NW 115 Terrice Porkland, FL 32076 ☐ Add ☑ Remove ☐ Add Remove ☐ Add ☐ Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . 2012 Rignature of a member or authorized representative of a member Robert Richmond
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00