## L09000054418

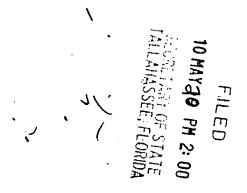
(Re	equestor's Name)	,		
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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04/26/10--01013--010 \*\*25.00



S. HAWKES

MAY 2 0 2010

EXAMINER





April 28, 2010

ERIC R PAPP 1311 CORNER OAK DR BRADEN, FL 33510

SUBJECT: GENERATION Y RESULTS-BASED CONSULTING, LLC

Ref. Number: L09000054418

We have received your document for GENERATION Y RESULTS-BASED CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your complete form was not recieved please complete and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 310A00010518

Suzanne Hawkes Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	stration Section sion of Corporations
SUBJECT: _	Generation Y Results - Based Consulting LLC  Name of Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	Name of Person
	Generation & Results - Bused Consulting LLC Firm/Company
	1311 Corner 8-ks Pr. (2) Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
<u> </u>	Name of Person at (8/3) 8 46 - 834 5  Area Code & Daytime Telephone Number
	check for the following amount:
\$25.00 Fili	ing Fee \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L090005 y y / 8</u> .		and assigned
This amendment is submitted to amend the following:		A CONTRACTOR OF THE PARTY OF TH
A. If amending name, enter the new name of the limited lia	bility company here:	
Results - Besce Sca The new name must be distinguishable and end with the words "Lim" "L.L.C."	nited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1311 Corner Ock	s Pr.
(Principal office address MUST BE A STREET ADDRESS)	1311 Corner Ock Brandon, FL 335	10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. B. × 1802 Mango, FC 335	50
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida str	eet address
	Flor	rido
	City	ida 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Alto Remove
			Add
			Remove
			Add
			AddRemove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	sary.)
_			
_			
Dated			
	Signature of a member	For authorized representative of a member of printed name of signee	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00