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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	+)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docı	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

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TO: Registration Section
Division of Corporations

SURJECT: Judy Dean 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:

Remington Dean		
Name of Person		
Judy Dean Consulting LLC		
Firm/Company		
PO Box 4157		
Address		
Miami Beach, Fl 33141	: ===	
City/State and Zip Code		· *** / · **
rd@remingtondean.com	AUG 19	t≥anegrap
E-mail address: (to be used for future annual report notification)	0	Dead are
For further information concerning this matter, please call:		The Paris
Reminston Dean at ()	·	Townser.
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,
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Judy Dean Consulting LL (Name of the Limited)		ny as it now appears on our reco	rds.)	
The Articles of Organization for this Limited L Florida document number L0900061616			and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applie	rahle:	6900 Bay Drive	E.	
(Principal office address MUST BE A STREE		Suite 11I	<u> </u>	
(Trincipal office dualess MOST BE A STREET ADDRE		Miami Beach, Fl 33141	E 5 11	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		SSEE, FLORIDE	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	•		enter the name of the new	
· ·	6900 Bay (Orive, Suite 11I		
New Registered Office Address:	Enter Florida street address			
	Miami Bea	ch ել	orida 33141	
	· · · · · · · · · · · · · · · · · · ·	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 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
MGRM	Dean, Judy	11151 Buck Hollow Rd	Add
		Brooksville, Fl 34601	Remove
МЕМВ	Dean, M W	11151 Buck Hollow Rd	- Add
		Brooksville, Fl 34601	Remove
MGR	Dean, Weston	6900 Bay Drive	Add
		Miami Beach, FI 3314	Remove
			o demand
MGRM	Dean, Judy Baggett	6900 Bay Drive	Add Add
		Suite 11I	Remove
		Miami Beach, Fl 33141	
МЕМВ	Dean, Matt Weston	6900 Bay Drive	Add
		Suite 11I	Remove
		Miami Beach, Fl 33141	-
			Add
		<u> </u>	Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠,٠	
ated	Aug 12, 2013.
	De Bereitt Dean
	Signature of a member or authorized representative of a member
	Judy Baggett Déan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECTO DARY OF STATE
TALLAHASSEE, FLORID