L0900061692

	: _ <u>.</u>
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SECRETARY OF STATE
ANASSEF FLORIDA

COVER LETTER

SUBJECT:	Audubon Consulting, LLC
- "	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
. :	Merle J. Nurse
• • •	Name of Person
manager of the second s	Audubon Consulting
•	Firm/Company
	1921 Acacia Drive
	Address
	Kissimmee, FL 34758
	City/State and Zip Code
•	m.nurse@nhassociates.net
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
Ri	ichard Scrimale at (315) 471-8111
Name	e of Person Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

10 mm 14 - ...

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Audubon (Consulting ,	LECTALLAHASSEE, FLORI	DA:
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)		•
The Articles of Organization for this Limited Liability Company Florida document number L09000061692	were filed on	06-24-2009 and as	signed
i iorida document municer			
This amendment is submitted to amend the following:		:	
A. If amending name, enter the new name of the limited liah	oility company he	<u>re</u> :	
		-	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	1921 Acacia Drive		
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34758		
		·	
Enter new mailing address, if applicable:	1921 Acacia Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34758		
D 76 11 - 12 - 14 - 14 - 14 - 14 - 14			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the name of	of the new
	_		
Name of New Registered Agent:			
New Registered Office Address:			
now registered Office Address.	Er	ter Florida street address	
		Florido	·- · · ·
***	City	, Florida Zip Cod	'e
	•	= 1	

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>	<u>Name</u>	Address	Type of Action
MGRM	Merle J. Nurse	1921 Acacia Drive Kissimmee, FL 34758	Add Remove
<u>MGRM</u>	Merle Johnson	300 Audubon Parkway Apt 67 Syracuse, NY 13224	Add ✓ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
- · · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, if necessary	v.)
			TALLAHASSEE
Dated	June 11 Mule	1 2010 J Muse	H 3: 0
	Signature of	member or authorized representative of a member Merle J. Nurse Typed or printed name of signee	

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Filing Fee: \$25.00