L09000070823

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

Office Use Only



100160177651

09/14/09--01038--015 **55.00

PILED

09 SEP 14 PHIZ: 13

SECRETARY OF STATE
FALLAHASSEE FISHER

D. BRUCE
SEP 1 5 2009
EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporations		<u>ن</u> و			
SUBJI	ест:	Clementi	Environ Name of Limite	nmental Consultined Liability Company	g,LLC		
The en	closed Articles	of Amendment ar	nd fee(s) are subm	nitted for filing.			
Please	return all corre	spondence concer	ning this matter t	to the following:			
			Rosan	ne G. Clementi Name of Person	<u>-</u>		
			lementi	Environnulal Consu Firm/Company	Sting, LL		
		120	D Wast F	Platt Street Slink 2 Address	204		
,				TZ 33606 City/State and Zip Code		TALLA TALLA	S
	T.	Cleme	whie nviro e E-mail address: (to	consulting of mail com	tion)	HASS	= =
For fur	ther informatio	on concerning this	matter, please ca	dl:		E P	
Ri	Sanne 6	G. Clemen ne of Person	vli	at (<u>813</u>) 230-810 Area Code & Daytime T	Selephone Number	<u> 홈</u> 스 등	<u> </u>
Enclos	ed is a check fo	or the following an	ount:				
\$25	5.00 Filing Fee	□\$30.00 Fi Certific	ling Fee & ate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status	
	Reg Div P.O	LILING ADDRES istration Section- ision of Corporation. Box 6327	ons	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I.	neutal Consulting	llc	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900070823</u> .	were filed on July 22, 200	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designat	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1200 Wood Platt S	Freet Suite 204	
(Principal office address MUST BE A STREET ADDRESS)	1200 Woot Platt S Taya, FZ 33600	,	
Enter new mailing address, if applicable:	<u>-</u>	9 SEP	
(Mailing address MAY BE A POST OFFICE BOX)		L SSE	
		er Flo	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>e</u> : <u>e</u> :	nter the hame of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 Title **Name Address Type of Action** Remove ☐ Add Remove Add ☐ Remove ☐ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Osanne G. Clementi Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00