139000073560

(Requestor's Name)				
(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

G. MCLEOO

SEP 2 2 2009

EXAMINER



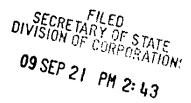
600158787586

09/21/09-01054-016-\$55.00

09 SEP 21 PM 2: 43

SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OPUL	<u>ENT CONSULTAN</u>	TS LLC	
(Name of the Limited I (A)	iability Company as it now lorida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Lia Florida document number		on07/31/2009	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability compa	ny here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability		
Enter new principal offices address, if applical	ble: 75.	5 GRAND BY	SUME BIDS-
(Principal office address MUST BE A STREET	ADDRESS)	ESTIN, FL.	32550
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	охо	S GLAND I	Suite B-105 206 32550
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office addres ce address here:	s on our records, ente	r the name of the new
Name of New Registered Agent:	SHOWNA	C. DoyLE	
New Registered Office Address:	198 2	ANDER NA	/
,	SAWTA FIXA BO	Enter Florida street a	

New Registered Agent's Signature, if changing Registered Agent:

· 7,65

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 **Type of Action** Title Name Address MGRM TIMOTHY DOYLE 174 WATERCOLOR WAY #335 ☐ Add SANTA ROSA BEACH, FL 32459 ✓ Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 SEPTEMBER 10 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

TIMOTHY K DOYLE

Filing Fee: \$25.00