## L09000103964

(Re	questor's Name)			
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FALLAHASSEE, FLORIDA

J. BRYAN

JAN 26 2011

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
SUBJECT:	Palmetto Co	onsulting Group, LLC	
Soundar.		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		Gary E. Warner	
		Name of Person	
		Firm/Company	<del></del>
		704 S. Alder Avenue	TALL SEC
		Address Orlando El 22907	FILED JAN 25 PM 1:46 ECRETARY OF STATE LLAHASSEE, FLORIDA
		Orlando, FL 32807 City/State and Zip Code	——
	gw	_landarch@hotmail.com	FES
	E-mail address:	to be used for future annual report notification	SA S
For further information	concerning this matter, please	call:	P
	ary E. Warner		-0097
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
<b>√</b> \$25.00 Filing Fee	S30.00 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)
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palmetto Consulting Group, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now app Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL09000103964	y were filed on _	October 28, 2009 and assigned
This amendment is submitted to amend the following:		SERVER BY
A. If amending name, enter the new name of the limited lial	bility company l	iere:
Palmetto D	VD, LLC	ARIO ARIO
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	no change	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	no change	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e:</u>	Enter Florida street address
<del></del>	City	, Florida 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 amonding the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gary E. Warner	704 S. Alder Avenue Orlando, Fl. 32807	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessa	ry.)
			FIL 11 JAN 25 SECRETARY
<b>48</b>			PH ::46  OF STATE E. FLORIDA
Dated	21 January	2011  A comparison of a member of a member	<del></del>
	/ )	Karen N Warner	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00