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EXAMINER



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SECRETARY OF STATE
TAIL AHASSEE FIGURE

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Systems Engineering	g Process Consulting, L	LC
		ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		Robert Antonelli	
		Name of Person	
	Systems Engi	neering Process Consulting	, LLC
		Firm/Company	
	90	606 Bladesmith Lane	
	•	Address	
	Bra	adenton, Florida 34212	
		City/State and Zip Code	
		rtantonelli@verizon.net o be used for future annual report notifice	ation)
For further information	n concerning this matter, please ca	·	,
Robert Antonelli Name of Person		at (_941)4	65-8364
Nam	e of Person	Area Code & Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Systems Engineering Process Consulting, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Various Business Business)
The Articles of Organization for this Limited Liability Company were filed on December 31, 2009 and assigned
Florida document number L1000000085
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida no residente de la companya del companya della companya
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 <u>Name</u> **Address Type of Action MGRM** Jana Antonelli 9606 Bladesmith Lane ☐ Add Bradenton, Florida 34212 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.) April 26 2010 Dated ___ Signature of a member or authorized representative of a member

Robert Antonelli
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00