

L10000009946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

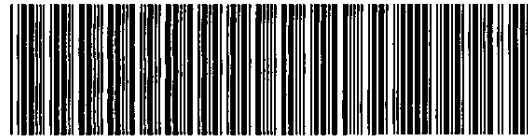
Special Instructions to Filing Officer:

A. LUNT

JUL 13 2011

EXAMINER

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2011 JUL 12 PM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & K CONSULTING, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFRED F. ANDREU, ESQ.

Name of Person

MARY LOU RODON, P.A.

Firm/Company

2222 PONCE DE LEON BLVD., PENTHOUSE

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

AANDREU@SRALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFRED F. ANDREU, ESQ.

Name of Person

at (305)

445-8881

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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)

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

FILED
2011 JUL 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

S & K CONSULTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2010 and assigned
Florida document number L10000009946.

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 "LLC."

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: MARY LOU RODON, P.A. - ATTN: ALFRED F. ANDREU

New Registered Office Address: 2222 PONCE DE LEON BLVD., PENTHOUSE

Enter Florida street address

CORAL GABLES, Florida 33134

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	KARIN A DOMINKOVICS	7730 SW 133RD TERRACE MIAMI, FLORIDA 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SERGIO F. RUMIE	7730 SW 133RD TERRACE MIAMI, FLORIDA 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SOFIA HOLDINGS, LLC	7730 SW 133RD TERRACE MIAMI, FLORIDA 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 13 2011

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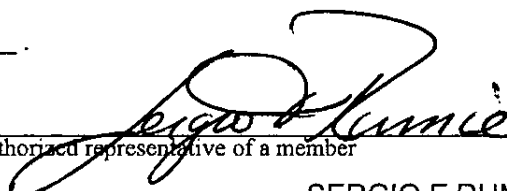
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6-14, 2011



Signature of a member or authorized representative of a member

KARIN A DOMINKOVICS



SERGIO F RUMIE

Typed or printed name of signee