# 1/0000011750

| (Re                       | questor's Name)   |             |
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| (City                     | y/State/Zip/Phone | ∋ #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bu                       | siness Entity Nan | ne)         |
| (Do                       | cument Number)    |             |
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10 DEC -8 PH 1:16

THAMPTON

DEC - 9 2010

EXAMINED

## **COVER LETTER**

| ' Division of Corpor           | ations  |  |
|--------------------------------|---|--|
| SUBJECT: BAS                   | Name of Limited Liability Company   |  |
|                                | Name of Linkog Elability Company  |  |
|                                |   |  |
| The enclosed Articles of Ame   | endment and fee(s) are submitted for filing.  |  |
| Please return all corresponder | nce concerning this matter to the following:  |  |
| ·                              | STEVEN GILES Name of Person   |  |
| •                              | カメイヤ  |  |
| ·                              | <u> BASE</u>  |  |
|                                | Firm/Company  |  |
| _                              | 939 LINCOLN ROAD  |  |
| _                              | Address   |  |
| _                              | MIAMI BEACH, FL, 33139  |  |
|                                | City/State and Zip Code   |  |
| 2                              | STEVENGILES & BASEWORLD · COM  E-mail address: (to be used for future annual report notification)   |  |
| For further information conce  | erning this matter, please call:  |  |
| STEVEN GIL                     | ES 305 798 2448   |  |
| Name of Pers                   | Son Area Code & Daytime Telephone Number  |  |
| Enclosed is a check for the to | ollowing amount:  |  |
|                                | \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,   |  |
|                                | Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed) |  |
|                                |   |  |

### **MAILING ADDRESS:**

TO: Registration Section

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 DEC -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 30, 2010

STEVEN GILES 939 LINCOLN RD MIAMI BEACH, FL 33139

SUBJECT: BASE CONSULTANCY LLC

Ref. Number: L10000011750

We have received your document for BASE CONSULTANCY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 010A00027840

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

すけたを SECRETARY OF STATE DIVISION OF CORPORATIONS

10 DEC -8 PM 1:16 ed 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 \_ ( Florida document number 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 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> Address **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∐Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 12:03:2010 STEVEN GIU
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00