

L10000017325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

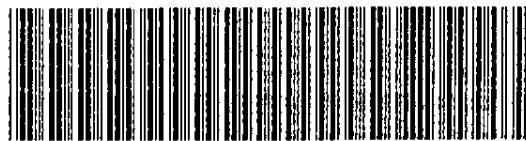
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000194055880

02/14/11--01017--018 **30.00

FILED
11 FEB 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 15 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAMPART CONSULTING GROUP, 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:

TIM JOHNSON
Name of Person

RAMPART CONSULTING GROUP, LLC
Firm/Company

11185 Gth STREET EAST
Address

TREASURE ISLAND, FL 33706
City/State and Zip Code

TJOHNSON@RAMPART-GROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM JOHNSON at (913) 918.3355
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 FEB 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAMPART CONSULTING GROUP, 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 02/15/2010 and assigned Florida document number L10000017325.

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)

11185 6th STREET EAST
TREASURY ISLAND, FL
33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11185 6th STREET EAST
TREASURY ISLAND, FL
33706

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:

Amy Johnson

New Registered Office Address:

11185 6th STREET EAST
Enter Florida street address
TREASURY ISLAND, Florida 33706
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.

Amy Johnson
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>
MGR	LAWRENCE S McNALLY	5908 LEFFERSON PARK DR. TAMPA, FL 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tim Lohalsen	11185 6 th STREET EAST TREASURY ISLAND FL 33706	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

11/01/2010



Signature of a member or authorized representative of a member

LAWRENCE S McNALLY

Typed or printed name of signee