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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

A. LUNT

DEC -9 2010

EXAMINER

Office Use Only



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12/08/10--01006--020 **55.00



COVER-LETTER

TO: Registration Section Division of Corporation	rations			
SUBJECT: PATHU	NAY CONSULT/ Name of Limit	ed Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	BRONWYNE .	J. BRUWER Name of Person		
	PATHNAY E	ONSULTING LL C	ALC ALC	2010 DEC
			SE COLOR	0
	14000 NATE	AURL B CINCle Address		
	JAMPA	FL 33626	Apple	G)
	000000000	City/State and Zip Code ON SUCTING OME. be used for future annual report notifica	lou:	
	E-mail address: (to	be used for future annual report notifica	tion)	
For further information con	cerning this matter, please ca	all:		
BRONNYNE	J. BRUWER	at (<u>8/3)</u> 382 8 Area Code & Daytime T	377	-
≭ame of P	erson	Area Code & Daytime I	elephone 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 St Certified Copy (additional copy	atus &

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

PATHWAY	CONSULTING	LLC
(Name of the Kimite	d Liability Company as f A Florida Limited Liability	now appears on our records.) Company)

The Articles of Organization for this Limited Liab	oility Company were fi	iled on	nancii	01 201	and assig	ned
Florida document number <u>L100000</u> 2			,	:	201 0	
This amendment is submitted to amend the follow	ving:				DEC -8	
A. If amending name, enter the new name of t	he limited liability co	mpany her	<u>e</u> :			
The new name must be distinguishable and end with "L.L.C."					urisht 🐠	
Enter new principal offices address, if applicab	ole: /4	1080 1	WATER	VILLE	Cinci	1c
(Principal office address MUST BE A STREET	ADDRESS)	TAMPA	WAREK L. FL	<i>33</i> L 2	6	
Enter new mailing address, if applicable:	_14	1080 A	VARR L	SILLE.	lincle	
(Mailing address MAY BE A POST OFFICE BOX)		19080 WATER SILE CIACLE				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	•	dress on o	our records	, enter the	e name of	the new
	111-0-11-		- //-			
New Registered Office Address:	14080 WA		LE C/12 ter Florida s		ess	
	JAMPA	•	RI	orida Ŝ	33626	
	City			orida <u> </u>	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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Susan M. Rampelbeas P	305 PLANTATION CIRCLE	Add Remove 2 - 392 7
			Add Remove
 -			Add Remove
			Add TRemove
		22 22 22 22 22 22 22 22 22 22 22 22 22	Add
4	CA: Alora THE DAD	e(s) here: (Attach additional sheets, if necessary.) AS PLA THE MATICES OF CITICS 1 MAY 2010	
Dated / Ø	ELL MALA . 201 Signature of a member of	or authorized representative of a member	
	Blown Typed o	yer J. Bruce f printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00