## ~ L100000835786

(Requestor's Name)						
(Address)						
(Address)						
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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

то:	Registra Division		ction porations		•	•		
				ources International LLC				
			Name of Limi	ted Liability Company				
The en	closed Art	icles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all o	согтеѕроі	ndence concerning this matter	to the following:				
				Telman Shamailov				
				Name of Person				
				Firm/Company				
				30 Ethan Allen Dr		Par	_	
				Address			O AU	ww
			<b>P</b>	City/State and Zip Code		ASS	AUG 27	
•			F-mail address: (	elman@bellsouth.net to be used for future annual report no	tification)			
For fu	ther infor	nation co	oncerning this matter, please of	•	,	I ATE	<u>2</u>	•
			an Shamailov	at (_386 )	793-4351			
		Name of	Person	Area Code & Dayi	ime Telephone Number			
Enclos	ed is a che	ck for th	e following amount:					
<b>\$25</b>	5.00 Filing	Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status		l)
		Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Consulting R	esources Internationa	ILLC				
( <u>Name of the Limited Liabi</u> (A Florid	ity Company as it now appears la Limited Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability	Company were filed on	03/04/2010	and assigned			
Florida document number 27-2037764	·					
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the li	mited liability company here	:				
Cle	an Standard LLC					
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compan	y," the designation "LL	C" or the abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>			
		200				
		SS	27			
Enter new mailing address, if applicable:	<del> </del>	me	<b>&gt;</b> 1			
(Mailing address MAY BE A POST OFFICE BOX)		الم				
			<u>හා</u>			
		A	,			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ır records, <u>enter th</u>	e name of the nev			
registered agent and/or the new registered office a	udress here:					
Name of New Registered Agent:						
·						
New Registered Office Address:	Enter Florida street address					
	, Florida					
	City	, 1 101 104	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