

210000026620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

AUG 10 2010

EXAMINER

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2010 AUG -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFILATE MANAGEMENT CONSULTANTS 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:

GENE GRABARNICK
Name of Person

AFFILATE MANAGEMENT CONSULTANTS LLC
Firm/Company

6480 ALLISON RD.
Address

MIAMI BEACH FL 33141
City/State and Zip Code

GENEGRABARNICK@AOL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG -9 PM 3:18

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For further information concerning this matter, please call:

GENE GRABARNICK at 305 898 6252
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**

AFFILATE MANAGEMENT CONSULTANTS, 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 3-10-10 and assigned
Florida document number L10000026620

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)

6480 ALLISON RD
MIAMI BEACH, FL 33141

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:

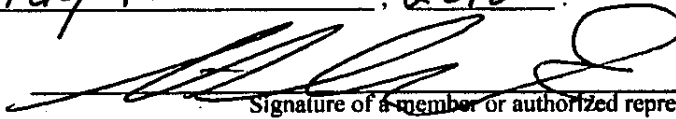
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	TRACI SHAW	1451 W. Cypress Creek Rd FORT LAUDERDALE FL, 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHRIS CHRIS COOK	1451 W. Cypress Creek Rd FORT LAUDERDALE FL, 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ed LOPES	1451 W. Cypress Creek Rd FORT LAUDERDALE FL, 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

Dated Aug 4, 2010



Signature of a member or authorized representative of a member

GARETT GRABARNICK

Typed or printed name of signee