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**EXAMINER** 

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SCORETARY OF STATE

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## **COVER LETTER**

TO: Registration S Division of C					
SUBJECT:	SAMIRACH	CONSULTING LLC			
	Name of Limi	ted Liability Company		•	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Cheryl A. Tesone		_	
		Name of Person			
	SAMIR	SAMIRACH CONSULTING, LLC.			
		Firm/Company		2010 APR -8 SZURETAK TALLAHASS	717
	11	11373 NW 50th Terrace		-8 -8	1
Address					111
	Doral, Florida 33178			PH 3: 1 OF VIAI E. FI CRI	
City/State and Zip Code					
	E-mail address: (	rt1318@aol.com to be used for future annual report	notification)		
For further information	concerning this matter, please of	call:			
	eryl A. Tesone	at (_305_)	467-8062		
Name	of Person	Area Code & Da	ytime Telephone Numb	er	
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 encl	osed) Certific	filing Fee, cate of Status & ed Copy onal copy is en	
	LING ADDRESS:		URIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Registration S Division of Co Clifton Buildin	orporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IIRACH CONSULTING		
(Name of the Limited	Liability Company as it now app A Florida Limited Liability Compar	pears on our records.) ny)	
The Articles of Organization for this Limited L	iability Company were filed on	March 17, 2010	and assigned
Florida document numberL1000002	9489		
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company	here:	
	MIRACH CONSULTING, LI		22
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Co	in in in in	型 <b>T</b>
Enter new principal offices address, if applic	cable:	7.5.	
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
			_ω
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX		
		·····	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	Cheryl A. Tesone		
New Registered Office Address:	11373 NW 50th Terrace		
		Enter Florida street addi	ress
	Doral	, Florida	33178
	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 Mañaging Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Cheryl A. Tesone	11373 NW 50th Terrace Doral, Florida 33178	✓ Add ☐ Remove
			Add Remove
			Add
			Remove
			Add — Add — Remove
			3 1
			Add  ☐Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if nece	essary.)
_			
Dated	April 1	2010	
	Signature of a	member or authorized representative of a member Cheryl A. Tesone	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00