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| (Re                      | equestor's Name)  |             |  |  |  |  |
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SECRETARY OF SIMILON DIVISION OF COMPORATION

T. HAMPTON
APR 1 2 2010

EXAMINER

## **COVER LETTER**

| TO:  | Registration Secti<br>Division of Corpo |   |                                     |                  |   |  |  |  |
|--|---|---|-------------------------------------|------------------|---|--|--|--|
| SUBJE  | cr: C                                   | CHALLENGER CO                                 | NSULTING G                          | ROUP LLC         |   |  |  |  |
|  |   | · · · · · · · · · · · · · · · · · · ·         | ted Liability Company               |                  | <del></del>                                     |  |  |  |
|  |   |   |                                     |                  |   |  |  |  |
| The end  | closed Articles of An                   | nendment and fee(s) are sub                   | mitted for filing.                  |                  |   |  |  |  |
| Please return all correspondence concerning this matter to the following:  |   |   |                                     |                  |   |  |  |  |
|  |   |   |                                     |                  |   |  |  |  |
|  |   | St  | ERPAGGI TUIL,J                      | ULIA             |   |  |  |  |
|  |   |   | Name of Person                      |                  |   |  |  |  |
|  | CHALLENGER CONSULTING GROUP LLC         |   |                                     |                  |   |  |  |  |
|  | Firm/Company                            |   |                                     |                  |   |  |  |  |
|  | 35 NE 38TH STREET                       |   |                                     |                  |   |  |  |  |
|  |   |   | Address                             |                  |   |  |  |  |
|  |   |   | MIAMI,FL,3313                       | 7                |   |  |  |  |
|  |   |   | City/State and Zip Coo              | le               |   |  |  |  |
|  |   | TUI   | LJULIA@GMAIL                        | .COM             | ion   |  |  |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call: |   |   |                                     |                  |   |  |  |  |
| i or run   | nei mormation con                       | serting this matter, picase c                 | an.                                 |                  |   |  |  |  |
|  |   | GI TUIL JULIA                                 | at (_305)                           |                  | 5 00 32   |  |  |  |
|  | Name of Po                              | erson   | Area Co                             | ode & Daytime Te | elephone Number                                 |  |  |  |
| Englace  | d is a shask for the                    | Callanyina amayıntı                           |                                     |                  |   |  |  |  |
|  | ed is a check for the f                 | _   | These on Filing Fo                  | . 0.             | CICO OO Eilina Eas                              |  |  |  |
| <b>[</b> ▼] §25.   | 00 Filing Fee                           | \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fe<br>Certified Copy |                  | \$60.00 Filing Fee,<br>Certificate of Status &  |  |  |  |
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|  |   |   |                                     |                  |   |  |  |  |
|  |   | G ADDRESS:                                    |                                     | EET/COURIER      | ADDRESS:  |  |  |  |
| Registration Section Division of Corporations  |   | Registration Section Division of Corporations |                                     |                  |   |  |  |  |
|  | P.O. Box                                | 6327  | Clifto                              | n Building       |   |  |  |  |
| Tallahassee, FL 32314  |   |   | 2661 Executive Center Circle        |                  |   |  |  |  |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as                                       | it now appears               | on our records.)       | · · · · ·     |  |
|---|------------------------------|------------------------|---------------|--|
| ( <u>Name of the Limited Liability Company as</u><br>(A Florida Limited Liabili | ty Company)                  | /                      |               |  |
| The Articles of Organization for this Limited Liability Company were            | filed on                     | 03/26/10               | and assig     | gned                                   |
| Florida document numberL10000030360   |                              |                        | _             |  |
| This amendment is submitted to amend the following:                             |                              |                        |               |  |
| A. If amending name, enter the new name of the limited liability of             | company here:                |                        |               |  |
| The new name must be distinguishable and end with the words "Limited Li'L.L.C." | iability Company             | ," the designation "LI | .C" or the ab | breviation                             |
| Enter new principal offices address, if applicable:                             |                              |                        |               |  |
| (Principal office address MUST BE A STREET ADDRESS)                             | ·                            | <del> </del>           |               | <u>=</u> _                             |
|   |                              |                        | 70            | SE                                     |
|   |                              |                        | APR           | 9£                                     |
| Enter new mailing address, if applicable:                                       |                              |                        |               | 97                                     |
| (Mailing address MAY BE A POST OFFICE BOX)                                      |                              |                        |               | SI                                     |
| Maning warress MAT BEAT OST OF FEE BOXY   |                              |                        | 3             | 000                                    |
|   |                              |                        | <u> </u>      | A A                                    |
| B. If amending the registered agent and/or registered office a                  | address on our               | r records, enter th    | e name of     | THE THEW                               |
| registered agent and/or the new registered office address here:                 | iddi ess on out              | records, enter th      | c name or     | <u> </u>                               |
|   |                              |                        |               |  |
| Name of New Registered Agent:   |                              |                        |               | ······································ |
| New Registered Office Address:  |                              |                        |               |  |
|   | Enter Florida street address |                        |               |  |
|   |                              | , Florida              |               |  |
| Cit   | v                            | ,                      | Zin 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGR** SERPAGGI TUIL, JULIA 35 NE 38TH STREET ✓ Add MIAMI\_FLORIDA\_33137 Remove ☐ Add ☐ Add Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04/05/2010 MIAMI,FL Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00