Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone Fax Number : (800) 494-3124 : (561)455-9885

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Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRIEDEL-CONSULTING LLC

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DEL-CONSULTING ELC			
(Name of the Limited Liabil (A Florid	ity Company as it now apper	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL10000036073			and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company ho	ere:	≓. ~	
FRIEDL-INVEST LLC			2010 SEC	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	oany," the designation "	LIZ ror the pot	reviation
Enter new principal offices address, if applicable:			1 1	<u> </u>
(Principal office address MUST BE A STREET ADI	ORESS)		₹	المددمات ب
	•••		10] V13	**************************************
			26 TE 1101	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of t	the new
Name of New Registered Agent:				
New Registered Office Address:				
	(E	inter Florida street ad	dress)	
		, 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)

MGR = Man	Member being added or removed lager anaging Member	4.10	1000084476 3
<u>Title</u>	Name	Address	Type of Action
MGRM_	MAYJO REBIMBAS	5324 AGUALINDA BLVD CAPE CORAL FL 33914	Add Remove
			Remove
			Remove
			Remedi
			-FirAdd - T
			10 Add Add
	ng any other information, enter cl	hange(s) here: (Attach additional sheets, if n	
	RIEDEL, LORENZ SHOULD READ		
Dated April	12 , 20	010	
-		mber or authorized representative of a member LORENZ FRIEDL	

Page 2 of 2

4. 100000 84426.3.