Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000225651 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	Pgabier@aol.com	 <u> </u>	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAULA J. GABIER, PH.D., LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

OCT 15 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paula J. Gabier, Ph.D., LLC (Name of the Limited Liability Company (A Florida Limited Lia	us it now appears on our records.)		
(A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on 4/9/2010	and assigned	ļ
Florida document number L10000038988			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
Gabier Consulting, LLC			
The new name must be distinguishable and end with the words "Limite." L.L.C."	d Liability Company," the designation "LLo	C" or the abbrev	ristion
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	·		
Enter new mailing address, if applicable:	133 Dulan Lane	•	
(Mailing address MAY BE A POST OFFICE BOX)	New Bern, NC	28562	
D. If we die the resistant agent and the majoranak office	as address on our research enter the	s mama of the	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		Eligine of the	: Hew
		AB 8	
Name of New Registered Agent:			
New Registered Office Address:	·	SE Y	
New Registered Office Address.	Enter Florida street addre	EL T	171
	. Florida	ეგ. ლა ფ	O
	City	Hip Coden	
New Registered Agent's Signature, if changing Registered Agent:		and the second	

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

Page 1 of 2

Fox aud # 4100002256513

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			D Add D Remove
			Add Remove
D. Ifame	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	TILED 10 OCT 14 AM D: 36 SCORETARY OF STATE ALLAHASSEE, FLORIDA
Dated	10/7/	2010	
	Signature of a mo	Andria, Ph.D. omber or authorized representative of a member	
	Paula Gabier, Member		
	T	yped of printed name of signec	
		Page 2 of 2	

Filing Fee: \$25.00