(Re	equestor's Name)				
(Ad	Idress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
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SEP 8:- 2010

EXAMINER



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09/07/10--01059--014 **25.00

COVER LETTER

TO:	Registration Section Division of Corpo		:	•			
SUBJE	cr:	·	e(s) Consortium, LLC				
		Name of Limi	ted Liability Company				
The end	closed Articles of Ai	mendment and fee(s) are sub	omitted for filing.				
Please 1	return all correspond	lence concerning this matter	to the following:				
		Annette	Gadsden-Smith, Secretar	<u>y</u>			
			Name of Person	•			
	The Associate(s) Consortium, LLC						
			Firm/Company				
			P.O. Box 442315				
			Address				
Jacksonville, Fl. 32222							
City/State and Zip Code							
		info@the	eassociatesconsortium.cor	n ication)			
For fur	ther information con	acerning this matter, please c	- •				
		Gadsden-Smith	at (_904_)	887-4887			
	Name of P	Person	Area Code & Daytin	e Telephone Number			
Enclose	ed is a check for the	following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

The Associate(s)	Consortium,	LLC			
. (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our record	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	05/17/201	10	and assigned	
Florida document numberL10000052864					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	re:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designa	tion "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:				<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	Ti Ti	
			100	- Janearo	
			11 C		
Enter new mailing address, if applicable:		te(s) Consort	ium Et		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 442	2315		<u> </u>	
	Jacksonville	, Fl. 32222			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>e</u>	nter the	name of the nev	
Name of New Registered Agent:					
New Registered Office Address:				······································	
	Enter Florida street address				
	<u> </u>	, Flori		7: 0 1.	
	Citv			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 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 Address Type of Action** Name MGRM Felecia D. Fair 2938 Sweetspire Circle √ Add Oviedo Fl. 32766 ☐ Remove MGRM **Delores Grant-Arline** 14518 Fenny Court ✓ Add Jacksonville, FL 32258 ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 3rd, 2010 Dated_ Signature of a member or authorized representative of a member (Annette Gadsden-Smith, Secretary Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00