## 1000030)5

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**EXAMINER** 



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SECRETARY OF STATE TABLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:		CONSULTING, LLC	<u> </u>		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		DANIEL DILELLO  Name of Person			
	INTEL	LECT CONSULTING,	LLC		
	152	67 COUNTY ROAD 12	24		
		Address			
	SANDERSON, FL 32087 City/State and Zip Code				
	Intellec E-mail address: (	t Consulting@Yahoo. to be used for future annual report	com t notification)		
For further information	concerning this matter, please of	all:			
DANIEL DILELLO  Name of Person		at ( <del>904</del> ) Area Code & E	710-7787 Paytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fec & Certified Copy (additional copy is end	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is encle	osed)	

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

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on May 17, 2  Florida document number L10000053025	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the design "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	nation "LLC" or the abbreviatio
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	TAPLANT TO THE
New Registered Office Address:  Enter Florida str	reel.ddfess-p
, Flor	rida N. 12 Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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 **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** JUNE W. DILELLO 15267 COUNTY ROAD 124 ☐ Add SANDERSON FL 32087 Remove ☐ Add Remove ☐ Add Remove Remove ∴∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Daniel DiLello will be the only MGRM member of this LLC = Sole Proprietor LLC June 14 2011 Dated\_ Signature of a member or authorized representative of a member Daniel DiLello-MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00