## L10000055104

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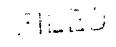
C. LEWIS

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EXAMINER

то̀:	Registration S Division of Co		•	· •
	·	Credit Gur	u Consulting LLC	
SUBJE	CT:		ited Liability Company	
		Ivalie of Date	tou Diability Company	•
		f Amendment and fee(s) are sub		
Please r	eturn an corresp	ondence concerning this matter	to the following:	
			Sergiy Lugovskoy	
			Name of Person	
		Instru	ment Guru Consulting Ll	LC
			Firm/Company	
		3887	Mannix Drive, Suite 62	2
			Address	
			Nortes El 04444	
			Naples, FL 34114 City/State and Zip Code	
		accountin	·	n com
		E-mail address: (	ng@creditguruconsulting to be used for future annual report	notification)
For fur	ther information	concerning this matter, please of	call:	
		Omitry Lukin	at (_646_)	207-7545
	Name	of Person	Area Code & Da	ytime Telephone Number
Enclose	ed is a check for	the following amount:		
<b>∑\$</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	Registration So Division of Co Clifton Buildir	orporations ng e Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2010 NOV 29 PM @ 10

Credit (	Guru Consulting LLO		The second secon
Credit (Name of the Limited Liabil) (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.) 🎊	LL MAN SEE, FLU
(			
The Articles of Organization for this Limited Liability	Company were filed on	05/21-2010	and assigned
Florida document number L10000055104			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
Instrumer	nt Guru Consulting LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
			<u> </u>
Enter new mailing address, if applicable:	<del>- 4</del>		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the new
	<u>, , , , , , , , , , , , , , , , , , , </u>		
Name of New Registered Agent:			
		<del></del>	
New Registered Office Address:	77	ter Florida street add	
	En	uer r ioriaa street ada	ress
		, Florida	<del></del>
	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 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:

GRM =	Managing Member		
<u>tle</u>	Name	Address	Type of Action
			Add Remove
<u></u>			Add Remove
			T Damage
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<del>7.117</del>			D amous
f amer	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if nece	ssary.)
			75 Zaio
×d		Lugovshoy	NOV 29
		per or authorized representative of a member	P. P. C.

Page 2 of 2

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