## L1000055277

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SECRETARY OF STATE
ALLAHASSEE, FI ORION

J. BRYAN

JAN 26 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Above All Consulting LLC			
•	· · · · · · · · · · · · · · · · · · ·	ted Liability Company		
	f Amendment and fee(s) are sul	-		
		Atom Gullo		_
		Name of Person		
Above All Consulting LLC			0	
		Firm/Company		_
	7209 S O	range Blossom Trail S	STE 135	
		Address	<del> · · · · ·</del>	- 7.0
		Orlando, FL 37	209	II JA
		City/State and Zip Code		JAN 25 PM GRETARY OF LAHASSEE.
	E-mail address: (	atomgu@gmail.com to be used for future annual repo	rt notification)	EF OF T
For further information	concerning this matter, please c	all:		PH 1: 45 OF STATE
	Atom Gullo	at ( 407 )	501-9025	DE UI
Name	of Person		Daytime Telephone Number	er
Enclosed is a check for	the following amount:			
	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &
	JING ADDRESS: ration Section	STREET/C Registration	OURIER ADDRESS: Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Above All Control (Name of the Limited Liability Compa) (A Florida Limited Lim	nsulting LLC  ny as it now appears on our records.)  Liability Company)				
The Articles of Organization for this Limited Liability Company  Florida document numberL10000055277	were filed onMay 21, 2010	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "I	LLC" or the abbreviation			
Enter new principal offices address, if applicable:	14032 Lamont Dr.	TAL SE			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32822	ARR & TI			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7209 S Orange Blossom Trail STE 135	125 PH 1: 4 TARY OF STAT			
	Orlando, FL 32809	- <del>DM</del> - <b>9</b>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new			
New Registered Office Address:	Enter Florida street address				
	, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≤ Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Atom Gullo	14032 Lamont Dr. Orlando, FL 32822	✓ Add ☐ Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necess	Tary.)
			FILL PAN 25 P
 Dated	January 20 ,		FLORIDA
	Signature of a	om H	
	Signature of a n	nember or authorized representative of a member	
		Atom Gullo Typed or printed name of signee	
		•	

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Filing Fee: \$25.00