

L10000062386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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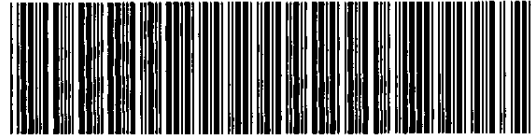
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 26 PM 4:18

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C. LEWIS

MAY 27 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAGE2 CONSULTING GROUP
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE TAYLOR

Name of Person

LUCRATIVE NATION ENTERPRISES, INC.

Firm/Company

PO BOX 611585

Address

NORTH MIAMI, FL 33261

City/State and Zip Code

BRUCE@LUCRATIVENATION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE TAYLOR

Name of Person

at (305)

607-1981

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

PAGE2 CONSULTING GROUP, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2011 MAY 26 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/9/2010 and assigned
Florida document number L10000062386.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 11601 BISCAYNE BOULEVARD
(Principal office address **MUST BE A STREET ADDRESS**) SUITE 300
MIAMI, FL 33181

Enter new mailing address, if applicable: PO BOX 611585
(Mailing address **MAY BE A POST OFFICE BOX**) NORTH MIAMI, FL 33261

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LUCRATIVE NATION ENTERPRISES, INC.
New Registered Office Address: 11601 BISCAYNE BOULEVARD, SUITE 300
Enter Florida street address
MIAMI, Florida 33181
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUCRATIVE NATION ENTERPRISES, INC.	11601 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BRUCE TAYLOR	11601 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated MAY 20TH, 2011

Signature of a member or authorized representative of a member

BRUCE TAYLOR

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 26 PM 4:16

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