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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: | Registration So Division of Co | | | | | |
|-------------------------|--|--|--|--|--|---------------|
| SUBJE | ECT: | Robinett | Consulting LLC | | | |
| | | · · · · · · · · · · · · · · · · · · · | ted Liability Company | | - | |
| | | Amendment and fee(s) are sul | | | | |
| | | | Nicole Robinett | | | |
| | Name of Person | | | | | |
| | Robinett Consulting LLC | | | _ | | |
| | Firm/Company | | | | | |
| | 635 Pugh Street Address Lake Mary, FL 32746 | | | | | |
| | | | | | | |
| | | | | | SEGE | (or deligant) |
| City/State and Zip Code | | | 平 平 平 2 | Marketine Market | | |
| | nikki@robinettconsulting.com E-mail address: (to be used for future annual report notification) | | | | | F.A. |
| For fur | , . | concerning this matter, please of | eall: | | 2010 SEP 24 AM D 09 SECRETARY OF STATE TALLAHASSEE, FLORID | Section 1 |
| | Nic | cole Robinett | at (321) | 696-4586 | 10A 10A | |
| | | of Person | | Daytime Telephone Numb | per | |
| Enclose | ed is a check for t | he following amount: | | | | |
| ₹ 25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is er | Certification Ce | riling Fee, cate of Status & ed Copy onal copy is enclo | osed) |
| | MAIL | ING ADDRESS: | STREET/C | OURIER ADDRESS: | | |

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

| Robinett Consulti | ng LLC | |
|---|--|----------------------------------|
| (Name of the Limited Liability Company as in (A Florida Limited Liability | t now appears on our reco Company) | <u>rds.</u>) |
| (TT Fortial Ellimon Ellioning | Company | |
| The Articles of Organization for this Limited Liability Company were | filed on July 9, 2 | 010 and assigned |
| Florida document numberL10000072699 | | |
| i fortua document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability co | ompany here: | |
| | | |
| The new name must be distinguishable and end with the words "Limited Lia | bility Company," the design | nation "LLC" or the abbreviation |
| "L.L.C." | | 7 ZO |
| Enter new principal offices address, if applicable: | | ZOID SEP TALLAHA |
| (Principal office address MUST BE A STREET ADDRESS) | | 美国 \$P |
| (Tincipal Office address MOST DE A STREET ADDRESS) | | AHASSE TARY |
| | | |
| | | The Contract of the American |
| Enter new mailing address, if applicable: | | <u></u> |
| (Mailing address MAY BE A POST OFFICE BOX) | The same of the sa | 19 DA |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | ddress on our records, | enter the name of the nev |
| registered agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| Now Paristand Office Address. | | |
| New Registered Office Address: | Enter Florida st | reet address |
| | | |
| Cita | | rida |
| | | |

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 <u>Title</u> <u>Name</u> **Address Type of Action** Shane R. Robinett MGR 635 Pugh Street Lake Mary, FL 32746 ☐ Add √ Remove Remove Remove Add 🗀 Remove مَتَ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 21 Signature of a member or authorized representative of a member Nicole Robinett Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00