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B. KOHR

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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations			
SUBJECT:	Bishop Inve	stment Group, LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:	1801 4	
	В	enjamin Glen Bishop	7	
		Name of Person		
	<del>.</del>	Firm/Company		
	53:	539 Seven Bridges Road		
		Address		
		Monticello, FL 32344	der Parit deliberary	
	heniam	City/State and Zip Code ninglenbishop@gmail.com		
	E-mail address: (t	o be used for future annual report notification	<del>)</del>	
For further information	concerning this matter, please c	all:		
	min Glen Bishop	at ( <u> </u>	4536	
Name	of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIER A Registration Section		
P.O. E	on of Corporations Box 6327 passee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bishop Investme	ent Group, Ll	LÇ		5
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea	irs on our records.)	3 1	
(A Florida Diffilled F	company)			
The Articles of Organization for this Limited Liability Company	were filed on	07/26/2010	and to not	) ) 
Florida document number L10000078037				73
				500 1000 1000 1000 1000 1000 1000 1000
This amendment is submitted to amend the following:			and PRITE 9:56	7) \
A. If amending name, enter the new name of the limited liab	oility company he	re:	96	>
Consulting and Financ	ial Outsourcing	LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviati	on
Enter new principal offices address, if applicable:	<del></del>			_
(Principal office address MUST BE A STREET ADDRESS)				_
				-
	505 007			
Enter new mailing address, if applicable:	PO Box 997		<u> </u>	-
(Mailing address MAY BE A POST OFFICE BOX)	Monticello, F	L 32345		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter th</u>	te name of the no	W
registered agent and/or are new registered office address her	<u>c</u> .			
Name of New Presistant Ament.				
Name of New Registered Agent:	* * * * * * * * * * * * * * * * * * * *		<del></del>	
New Registered Office Address:				
	En	ter Florida street addr	ess	
		, 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>	Name	Address	Type of Action
MGRM	Benjamin G Bishop	539 Seven Bridges Road Monticello FL 32344	Add Remove
MGRM	Benjamin D Bishop	539 Seven Bridges Road Monticello, FL 32344	Add ∕ Remove
MGR_	Benjamin G Bishop	539 Seven Bridges Road Monticello, FL. 32344	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	<del></del>
<del></del>			_
 Dated	4-12-11		_
	- T	mber or authorized representative of a member Benjamin Glen Bishop	
	T	yped or printed name of signee	· <del>· · · · · ·</del>

Page 2 of 2

Filing Fee: \$25.00