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SECRETARY OF STATE
FINDING

J. BRYAN

MAY 17 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	REAL ESTAT Name of Lim	E CONSULTING So ited Liability Company	ENVICES LLC
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	REAL ESTA 3731 S.	Name of Person  HE CONSULTING  Firm/Company  HE SOTH SQUIME  Address  CHSOTH FL 542  City/State and Zip Code  MUN 123 P Add.  to be used for future annual report notifica	TARY OF STATE
For further information of	E-mail address: (concerning this matter, please of	•	tion)
Name o	of Person	at ( <u>941)                                    </u>	<b>766</b> Telephone Number
Enclosed 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### **MAILING ADDRESS:**

**Registration Section** 

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

(Name of the Limited Liability Company	as it now appears on our records.) bility Company)
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on Jay 16 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limite" "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECORET AND A
Enter new mailing address, if applicable:	SSEE,
(Mailing address MAY BE A POST OFFICE BOX)	FLOGE 2
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name_of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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:

MGR.= Man MGRM = M	nager anaging Member		
<u>Title</u> ·	Name	Address	Type of Action
MBRH	HUBERT MUKRAY	3731 SARASOTA SQUARESTOI SARASOTA, FL 34238	Add Remove 
			Add Remove
			Add 4
		LL AH	Add Comove
	· · · · · · · · · · · · · · · · · · ·		Add Reffieve
<del></del>			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			<del>_</del>
			<del></del>
Dated	Hule	or authorized representative of a member	
		or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00