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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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EXAMINER



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TO: **Registration Section Division of Corporations** Lila Consulting, LLC SUBJECT: 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: Michael Stanczyk Name of Person Gilberti Stinziano Heintz & Smith, P.C. Firm/Company 555 E. Genesee Street Address Syracuse, New York 13202 City/State and Zip Code mts@gilbertilaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Stanczyk or Lynn Smith Name of Person

]\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lila Consu	ılting, LLC				
. (<u>Name of the Limited Liability Compa</u> (Λ Florida Limited I	ny as it now app Liability Company	ears on our records.) /)		_	
The Articles of Organization for this Limited Liability Company	were filed on _	August 31, 2010	O and	l assigi	ned
Florida document numberL10000091389					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company h	iere:			
Lila Market	ing, LLC				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Con	npany," the designation	"LLC" or t	the abb	previation
Enter new principal offices address, if applicable:			Z _E	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			AF	- d 3·	**************************************
Enter new mailing address, if applicable:			TY OF S	7 AM 10:	
(Mailing address MAY BE A POST OFFICE BOX)); <u>Q</u>	
			>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		n our records, <u>enter</u>	the nam	ie of	the ney
		Enter Florida street ac	ldress		
		, Florida			
	City		Zip C	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 amonding 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** Remove Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 1 2010 Signature of a member or authorized representative of a member Michael Stanczyk Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00