L10000098546

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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(Document Number)					
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SECRETARY OF STATE
SECRETARY OF STATE



J. BRYAN
DEC 22 2010
EXAMINER

COVER LETTER

TO:	Registration S Division of Co	Section orporations		•
SUBJE	CCT:	Arturi C	Consulting LLC	
			ted Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Robert Arturi	
			Name of Person	
			Arturi Consulting LLC	\$ & 6
			Firm/Company	in the second se
			3035 Cross Fox Dr	ETASSET S
			Address	SEE. PR
			Mulberry, FL 33860	LETARY OF STATE PHASSEE, FLORING
			City/State and Zip Code	Em .
		E-mail address: (riconsulting@gmail.com to be used for future annual report notific	ation)
For fur	ther information	concerning this matter, please of	all:	
	F	Robert Arturi	at (863) 4	40-1809
	Name of Person		Area Code & Daytime	l'elephone Number
Enclose	ed 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)	Section 1.00 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		tration Section	STREET/COURIE Registration Section Division of Corporat	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2010

ROBERT ARTURI ARTURI CONSULTING LLC 3035 CROSS FOX DR MULBERRY, FL 33860

SUBJECT: ARTURI CONSULTING LLC

Ref. Number: L10000098546

We have received your document for ARTURI CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

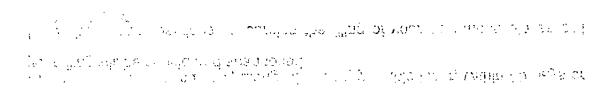
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 010A00028466



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arturi Co	onsulting LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on September 21, 2010 and assigned	
Florida document number	?	
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 "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	50 =	
	LEC D	
Enter new mailing address, if applicable:	1557 1557	
(Mailing address MAY BE A POST OFFICE BOX)	FOR R	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new	
registered agent and/of the new registered office address	ncie.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida, Zin Code	
	UIIV ZID UOQE	

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

tle	<u>Name</u>	Address	Type of Actio
IGRM	Franz, Shannon L	3035 Cross Fox Dr Mulberry, FL 33860	Add Remove
			□ Damaya
			Add Remove
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			AddRemove
			Add Remove
Ifamen	ling any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
			10 AL
			DEC 2
	November 29 ,	2010	DEC 21 PM ECKETARY OF LLAHASSEE.
	12-	2010 . member or authorized representative of a member	DEC 21 ECORETARY LLAHASSE

Page 2 of 2

Filing Fee: \$25.00