L10000109047

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		· (
•				

Office Use Only



200253937922

12/12/13--01008--022 **60.00

2010 DEC 11 PM 12: 14
SCORE TARY OF STARC

DEC 1 2 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2013

JOHN EISNER 1339 ALLSTON COURT THE VILLAGES, FL 32162

SUBJECT: THE EISNER CONSULTING GROUP, LLC

Ref. Number: L10000109047

We have received your document for THE EISNER CONSULTING GROUP, LLC and your check(s) totaling \$60.00. 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00027283

ARTICLES OF AMENDMENT 'TO' ARTICLES OF ORGANIZATION OF

The Eisner Consulting Group		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 10/19/2010	and assigned
Florida document number L10000109047		
This amendment is submitted to amend the following	z:	
A. If amending name, enter the new name of the l	limited liability company here:	
Allston Management Group, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		!
Enter new mailing address, if applicable:		t
(Mailing address MAY BE A POST OFFICE BOX		
		· ·
B. If amending the registered agent and/or re		erane name of the new
		2011 Arch
Name of New Registered Agent:		R T
New Registered Office Address:		SS T
	Enter Florida street	address 2
	, Florida	18 N 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	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 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:

<u>Nai</u>	<u>ne</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
		Remove	
			i Add
	<u> </u>		
			A DEC
			ACTUAL AND DEC
			SSEE TE Add
			Add P Add
			Remove
			Add
			Remove

D. If amending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
•	
Dated November 22 20	13
Jel-1	
-//	r or authorized representative of a member
John	. Eisner
Турес	or printed name of signee

Page 3 of 3

Filing Fee: \$25.00