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| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ wai⊥ | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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ALLAHANSE SESTATE

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D. BRUCE NOV 1 2 2010 EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | ' * | | |
|-----------------------------------|--|---|-----------------|-----------------|----------|
| SUBJECT: | William | A Eggers, LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sul | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | r to the following: | | | |
| | | William A Eggers | | | |
| | • | Name of Person | | | |
| • | | Firm/Company | | | |
| | 1 | 918 Lost Spring Court | | 5 to - | . |
| | · · · · · · · · · · · · · · · · · · · | Address | • | | |
| Longwood, FL 32779 | | | NUV IU | | |
| | be | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notific | ation) | | |
| For further information | concerning this matter, please of | call: | | | |
| Wil | liam A Eggers | at (407) 7 | 86-6112 | | |
| Name | of Person | Area Code & Daytime | Telephone Numbe | r | • |
| Enclosed 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) | Certified | ite of Status & | |
| | | | • | | |

MAILING ADDRESS:

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

| Willia | m A Eggers, LLC | <u> </u> | | |
|---|--|---------------------------------------|-------------------------|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appear Limited Liability Company) | rs on our records.) | | |
| ` | , , , , , , | | | |
| The Articles of Organization for this Limited Liability (| Company were filed on | 11/2/2010 | and assigned | |
| Florida document number L10000114191 | - | | | |
| | | | | |
| This amendment is submitted to amend the following: | | · | | |
| A. If amending name, enter the new name of the lim | nited liability company her | <u>'e</u> : | | |
| LOST SPRII | NG CONSULTING, LL | C | | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Compa | any," the designation "L | LC" or the abbreviation | |
| | , | | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD) | RESS) | · · · · · · · · · · · · · · · · · · · | | |
| | | [| 6 | |
| | | 3 | T S T | |
| Enter new mailing address, if applicable: | • | | 5 0 F | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ţn, | m E | |
| | | | | |
| | | | <u>ග</u> | |
| B. If amending the registered agent and/or regis | stered office address on o | | | |
| registered agent and/or the new registered office add | | | | |
| | | | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | · · · | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | , 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 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

MGRM = Managing Member Title Name Address Type of Action Add Remove ☐ Remove Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amend Article III to say the purpose for the organization is for any lawful purpose. November 6 2010 Dated Signature of a member or authorized representative of a member William A. Eggers Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00