

L 10000 116110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

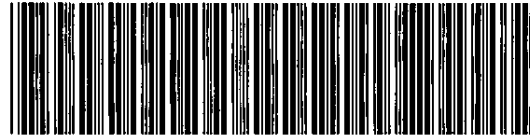
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263340058

08/20/14--01018--009 **30.00

FILED
Aug 20, 2014 08:00 AM
Secretary of State

14 AUG 20 11 43 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

Change of Controlling Members

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:

Kenneth Earl Cuyler

Name of Person

Mosaic Consulting Group LLC

Firm/Company

2300 Market Drive

Address

Fleming Island, Florida, 32003

City/State and Zip Code

kim@fortresscn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Cuyler

904 445-7817

at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FILED
Aug 20, 2014 08:00 AM
Secretary of State

MOSAIC CONSULTING GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 08, 2010 and assigned
Florida document number L10000116110.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2300 Market Drive
Hewitt Island, FL
33003

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1014
Clearwater, FL
33757

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KIMBERLY J SCHNEIDER

New Registered Office Address:

114 WEST FREDERICA AVENUE

Enter Florida street address

CLEARWATER

Florida

33755

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 605, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

FILED
Aug 20, 2014 08:00 AM
Secretary of State

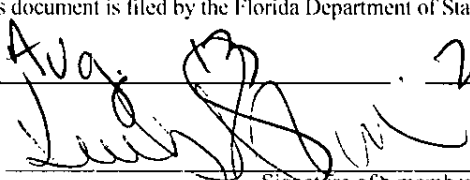
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KIMBERLY A CUYLER	1555 LAKEWAY DRIVE	<input type="checkbox"/> Add
		FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Remove
MGR	KENNETH EARL CUYLEF	1555 LAKEWAY DRIVE	<input type="checkbox"/> Add
		FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Remove
MGR	JESSICA A STODDARD	1555 LAKEWAY DRIVE	<input type="checkbox"/> Add
		FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Aug. 13, 2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

Kimberly J. Schneider

FILED
Aug 20, 2014 08:00 AM
Secretary of State