

L10000130253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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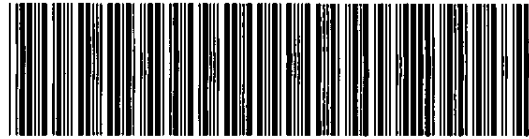
(Business Entity Name)

(Document Number)

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JAN -6 2011

EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -6 AM 11:19



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 629740 7810346
AUTHORIZATION *[Signature]*
COST LIMIT : \$ 25.00

FILED
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DIVISION OF CORPORATIONS
11 JAN -6 AM 11:19

ORDER DATE : December 30, 2010
ORDER TIME : 8:46 AM
ORDER NO. : 629740-005
CUSTOMER NO: 7810346

DOMESTIC AMENDMENT FILING

NAME: DR PRIME CONSULTING SERVICES,
LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -6 PM 11:19

DR PRIME CONSULTING SERVICES, 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 12/22/2010 and assigned Florida document number L10000130253

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MEM</u>	<u>DAVE ROBERTS CPA, P.A.</u>	<u>841 NE 207 LANE, APT 105</u> <u>MIAMI FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MEM</u>	<u>DAVE ROBERTS</u>	<u>841 NE 207 LANE, APT 105</u> <u>MIAMI FL 33179</u>	<input type="checkbox"/> Add <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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12/22, 2010

Dave Roberts

Signature of a member or authorized representative of a member

DAVE ROBERTS

Typed or printed name of signee