

Division of Corporations

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**11000009441**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
T AND A CONSULTING INTERNATIONAL, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 11 AM 8:17ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OFT AND A CONSULTING INTERNATIONAL, 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 1/21/11 and assigned  
Florida document number L11000009441

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)

1300 SE 12TH WAYFT. LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1300 SE 12TH WAYFT. LAUDERDALE, FL 33316

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:

1300 SE 12TH WAY

Enter Florida street address

FT. LAUDERDALE

City

Florida

33316

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>                                                      |
|--------------|-------------------|----------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | ALEXANDER ALLISON | 1300 SE 12TH WAY<br>FT. LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | ALEXANDER ALLISON | 1300 SE 12TH WAY<br>FT. LAUDERDALE, FL 33316 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | SEAN TRIGONY      | 1300 SE 12TH WAY<br>FT. LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | SEAN TRIGONY      | 1300 SE 12TH WAY<br>FT. LAUDERDALE, FL 33316 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                   |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated FEBRUARY 8, 2011

Alexander Allison  
Signature of a member or authorized representative of a member

ALEXANDER ALLISON

Typed or printed name of signee

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Filing Fee: \$25.00

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