L11000015027

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C. LEWIS

AUG 2 8 2012

EXAMINER

COVER LETTER
FO: Registration Section Division of Corporations
SUBJECT: Val Consultants LLC Name of Limited Liability Company
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:
Service Control of the Control of th
Randall OSer
Name of Herson
Firm/Company
7733 Bergano Ave
Sarasota Fil 34238 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Torii K. Goar # 941 951-0787
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution Filing Fee & Solution Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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

ARTICLES OF ORGANIZATION

FILED

OF 12 AUG 27 PH 3: 13

	12 HOU - AF OT ATE
Vary Consult	ANT LLCSEPHILISTE FLORIDA
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
(**************************************	1 1 1
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number _L11000015027	<u>}</u> !
This amendment is submitted to amend the following:	1 4
A. If amending name, enter the new name of the limited liabi	(<u>lity company here</u> :
	4
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	* 5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	e address on our records, enter the name of the new
Name of New Registered Agent:	बुँ h
<u> </u>	
New Registered Office Address:	Enter Florida street address
	<i>:</i>
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	24 0000
and the second s	· •
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and completed accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is

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:

MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	n Jennifer OSER	7733 Bergamo Ave Scrasola Fi 3423	Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			FILED 12 AUG 27 PM 3: 1
Dated	8/22/12	·	
	Rand	or authorized representative of a member A 1	

Page 2 of 2

Filing Fee: \$25.00