L110000/6337

•
(Requestor's Name)
(Address)
. ,
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
L11-16337
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations Division of Corporations	
SUBJECT: FL. 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:	
Javier Zeballos Name of Person	
FL. Consultants, LLC Firm/Company	
1516 E Colonial DR. StE 306 Address	
Orlando, FL. 32803 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 267-1905 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \sum \\$30.00 Filing Fee & \sum \\$55.00 Filing Fee & \sum \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\sum \\$ (additional copy is enclosed) \$\sum \\$ (additional copy is enclosed)	(i

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



February 20, 2012

JAVIER ZEBALLOS 1516 E. COLONIAL DRIVE SUITE 306 ORLANDO, FL 32803

SUBJECT: FL. CONSULTANTS, LLC

Ref. Number: L11000016337

We have received your document for FL. CONSULTANTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 912A00007448

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAR - 1 PM 3: 14

		•	0 . 18
(Name of the Limited)	TSULTANDA AS IT NOW APPEARS Florida Limited Liability Company)	s on our records.	COFSTATE, EE, FLORIDA
The Articles of Organization for this Limited Lia	ability Company were filed on	2/8/2011	and assigned
Florida document number LN000016			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE L	<i></i>		
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	1516 E. Colo Ente Orlando City	o ~ i ~ L & & & & & & & & & & & & & & & & & &	1. STE 306
	0/10000	, Florida	32803
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Javier Zeballos	1516 E. Colonial DR. 01/ando, FL 32803 STE 306	Add Remove
MGRM	Ligia Logiza	05/ando, Fr. 32822	Add Add Remove
			Add Remove
			Add Remove
			Add Remove
···	<u></u>		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED 12 MAR -1 PM SLONGINGING
Dated	February 14, 2	012.	STATE.
	L. a	r or authorized representative of a member	

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Filing Fee: \$25.00