

L11000016337

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(Business Entity Name)

L11-16337

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR - 1 PM 3: 11

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FL. CONSULTANTS, LLC  
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

Javier-Zeballos@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Zeballos at (407) 267-1905  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 912A00007448

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

12 MAR -1 PM 3: 11

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/8/2011 and assigned Florida document number L11000016337.

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: \_\_\_\_\_

1516 E. Colonial Dr. Ste 306

Enter Florida street address

Orlando  
City

Florida

32803  
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	Javier Zeballos	1516 E. Colonial DR. Orlando, FL 32803 STE 306	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ligia Loaiza	4300 S. Semoran Blvd Orlando, FL 32822	<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.)

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

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 12 MAR -1 PM 3:11  
 SECRETARIAT OF STATE  
 TALLAHASSEE, FLORIDA

Dated February 14, 2012

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Ligia Loaiza  
 \_\_\_\_\_  
 Typed or printed name of signee