L11000020485

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to		ţ	

Office Use Only



200195668332

02/25/11--01022--017 **25.00



D. BRUCE

FEB 28 2011

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo	ion Orations			
SUBJI	ECT:	CSHC C	ONSULTING LLC		
			nited Liability Company		
The en	closed Articles of Ar	mendment and fee(s) are s	ubmitted for filing.		
Please	return all correspond	lence concerning this matt	er to the following:		
			Morgan W Streetman		_
			Name of Person		
			Streetman Law		
			Firm/Company	\	_
			1005 N Marion St		
			Address		_
			Tampa FL 33602		$\widetilde{A}_{c,i}$
			City/State and Zip Code		LEAN THE
		Mor E-mail address:	gan@StreetmanLaw.c	com ort notification)	HAS E
For fur	ther information con	cerning this matter, please	call:	, · ·	SEE. FI
	Morgan	W Streetman	at (813)	676-6311	SA SA
	Name of P	erson	Area Code &	Daytime Telephone Numb	er Om
Enclose	ed is a check for the	following amount:			
	.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	S60.00 F	iling Fee, ate of Status &
CHE	704	,	(additional copy is e	nclosed) Certifie	d Copy anal copy is enclosed)
		G ADDRESS:		COURIER ADDRESS:	
		on Section of Corporations	Registration Division of	n Section Corporations	
	P.O. Box		Clifton Bui		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	SHC CONS	ULTING LL	С		
(Name of the Limite	d Liability Compa A Florida Limited	nny as it now appe Liability Company	ears on our records.)		
The Articles of Organization for this Limited	Liability Company	y were filed on _	17 February 20	11 and ass	signed
Florida document number L1100002	20485				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company h	<u>ere</u> :		
	SHC CONSU	LTANTS LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Com	pany," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if appli	cable:	n/a			
(Principal office address MUST BE A STREET ADDRESS)		n/a			· · · · · · · · · · · · · · · · · · ·
		n/a		Z _{or} _	
				200 Z	-
Enter new mailing address, if applicable:		n/a		EB 2 ETA HAS	T
(Mailing address MAY BE A POST OFFICE BOX)		n/a		SER SI	<u></u>
		n/a		79 3	<u> </u>
				ORE CH	O .
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on e:	our records, enter	othe name o	of the new
		-			
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
		Enter Florida street address			
	****	n/a	, Florida _	n/a	
		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>	Type of Action
n/a	n/a		Add Remove
	-		Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, o	enter change(s) here: (Attach additional shee	ets, if necessary.)
-			
			FIL 1FEB 25 CALLASSEE
Dated _	21 February	, 2011 (1)	LED PR STATE F. FLORID
		of a member of authorized representative of a me W Streetman, authorized agent of MC Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00