

L1100000 29163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

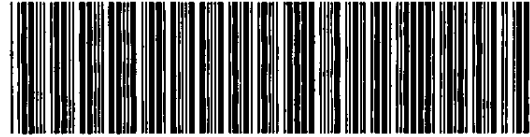
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 21 P 12 05
TOLSON

B. BOSTICK

FEB 24 2014

EXAMINER



Gregory A. Sanoba, Esq.
Kenneth W. Branham, Esq.
P: 863.683.5353 • F: 863.683.2237
422 S. Florida Ave. • Lakeland, FL 33801

Via First Class U.S. Mail

February 19, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

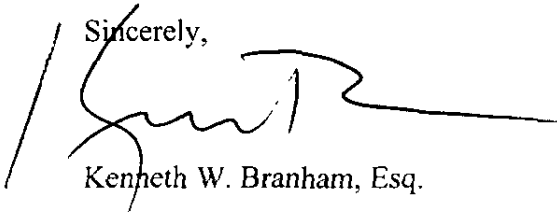
Re: Waller, LLC - Florida Document No. L11000029163
Articles of Amendment

Dear Sir or Madam:

Enclosed please find Articles of Amendment for the above named limited liability company along with a check in the amount of \$55.00 for the Filing Fee and Certified Copy Fee. The purpose of this amendment is to change the name of the entity from 'Waller, LLC' to 'Consult 1, LLC.' Please do not hesitate to contact me should you have any questions or concerns in regard to the amendment.

Thank you for your time and attention to this matter.

Sincerely,


Kenneth W. Branham, Esq.

KWB/kj

cc: File
encl. Articles of Amendment

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Waller, 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:

Kenneth W. Branham, Esq.

Name of Person

The Sanoba Law Firm, P.A.

Firm/Company

422 South Florida Avenue

Address

Lakeland, FL 33801

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth W. Branham

Name of Person

at **(863) 683-5353**

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

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DIVISION OF CORPORATIONS
FEB 21 2014

2014 FEB 21 PM 12:05

FILED

Waller, LLC

The Articles of Organization for this Limited Liability Company were filed on March 9, 2011 and assigned Florida document number L11000029163

A. If amending name, enter the new name of the limited liability company here:

Consult 1, LLC

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:

Enter Florida street address

_____, **Florida** _____
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 14, 2014

 MANAGING MEMBER
Signature of a member or authorized representative of a member

George B. Waller, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 FEB 21 P 12:05
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE