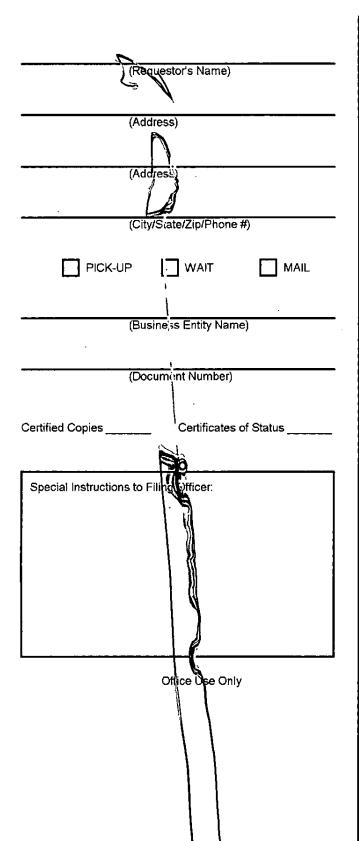
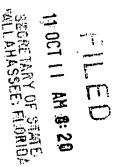
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J. BRYAN

UCI 1 2 2011

EXAMINER

COVER LETTER

Registration Section

Tallahassee, FL 32314

Division of Corporations					
SUBJECT: COL	MPLIANCE SOLU	TIONS CONSULTANTS	IIC		
SUBJECT: CO	MPLIANCE SOLUTIONS CONSULTANTS, LLC Name of Limited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sul	hmitted for filing			
		_			
Please return all correspond	dence concerning this matter	r to the following:			
	12	ATUALIN CARVALLO	S, LLC ES, LLC		
	K	ATHALIN CARVALHO Name of Person			
		tvanic of refson			
	COMPLIANCE SOLUTIONS CONSULTANTS, LLC		rs, LLC		
		Firm/Company			
	9412 ROCKROSE DR.				
	Address				
	TAMPA,FLORIDA 33647 City/State and Zip Code				
	kotholin@oon	•	aam		
	E-mail address: (npliancesolutionsconsultants to be used for future annual report notifications.	ation)		
For further information con	cerning this matter, please of	call:			
Kathalin Carvalho		at \	33-8229		
Name of Person		Area Code & Daytime	l elepnone 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	\$60.00 Filing Fee, Certificate of Status &		
	Community of Suitus	(additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIE	R ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporat	ions		
P.O. Box 6327		Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPLIANCE SOLUTIONS CONSULTANTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) April 15,2011 The Articles of Organization for this Limited Liability Company were filed on L11000045392 Florida document number ____ 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: 9412 Rockrose Dr. (Principal office address MUST BE A STREET ADDRESS) Tampa, Florida 33647 9412 Rockrose Dr. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tampa, Florida 33647 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: 9412 Rockrose Dr. New Registered Office Address: Enter Florida street address

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.

Tampa

City

_, Florida __

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>	Address	Type of Action			
MRGM	KATHALIN CARVALHO	18123 BIRDWATER DR. TAMPA,FL 33647	Add Remove			
<u>MRGM</u>	KATHALIN CARVALHO	9412 ROCKROSE DR. TAMPA,FL 33647	Add Remove			
	·		Add Remove			
			Add Remove 			
- · · · · · · · · · · · · · · · · · · ·			Add Remove			
	WWW.L.		Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
		E FLORIDA				
Dated October 6 4h , 2011.						
Mathalini Cawallio						
Signature of a member or authorized representative of a member						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00