

L11000045392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200212866932

10/11/11--01034--016 **60.00

FILED
11 OCT 11 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLIANCE SOLUTIONS 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:

KATHALIN CARVALHO

Name of Person

COMPLIANCE SOLUTIONS CONSULTANTS, LLC

Firm/Company

9412 ROCKROSE DR.

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

kathalin@compliancesolutionsconsultants.com

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

For further information concerning this matter, please call:

Kathalin Carvalho

Name of Person

at (813)

833-8229

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

FILED
OCT 11 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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)

The Articles of Organization for this Limited Liability Company were filed on April 15, 2011

Florida document number L11000045392

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)

9412 Rockrose Dr.

Tampa, Florida 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9412 Rockrose Dr.

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:

New Registered Office Address:

9412 Rockrose Dr.

Enter Florida street address

Tampa

City

, Florida

33647

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>
MRGM	KATHALIN CARVALHO	18123 BIRDWATER DR. TAMPA, FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MRGM	KATHALIN CARVALHO	9412 ROCKROSE DR. TAMPA, FL 33647	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

OCT 11 AM 8:20

FILED

Dated October 6th, 2011

Kathalin Carvalho
Signature of a member or authorized representative of a member

Kathalin Carvalho
Typed or printed name of signee