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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 2 0 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	JASI CO	NSULTING, LLC			
5000EC1.		ited Liability Company			
	Amendment and fee(s) are sultoned ondence concerning this matter		•		
	JA	SI CONSULTING, LLC	·		
		Address ORLANDO FL 32826 City/State and Zip Code			
	(
	E-mail address: (to be used for future annual report notific	ation)		
For further information of	concerning this matter, please of	call:			
SAN	TANA, ISRAEL	at (407) 8	65-2533		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for t	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		STREET/COURIE Registration Section			

Division of Corporations

Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTON	IATION GROUP, LL	.C	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appear la Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	FLORIDA	and assigned N ≤∽
Florida document number L11000048910	<u> </u>		ECRE SION I
This amendment is submitted to amend the following:			FILE OF CO
A. If amending name, enter the new name of the li	mited liability company he	re:	OF STATE REPORKTION
	CONSULTING, LLC		
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Comp	eany," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADI</u>	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on idress here:	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:		····	
New Registered Office Address:			
	Er	ater Florida street add	ress
		, 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 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 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 **Type of Action Address** Title Name ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 20** 2012 Dated Signature of a member or authorized representative of a member SANTANA, ISRAEL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00