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SECRETARY OF STATE ALLAHASSEE, FLORING

D. BRUCE

MAY 22 2012

EXAMINER

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| • . TO: Registration S Division of Co | | | | |
|---------------------------------------|---|---|-------------------------|---|
| SUBJÉCT: S | SALT TRAINING & C | CONSULTING GRO | OUP, LLC | |
| Sebster. | | ited Liability Company | , | |
| The enclosed Articles of | Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all corresp | ondence concerning this matter | r to the following: | | |
| | Vla | dimy Pierre-Louis, CF | PA | |
| | | Name of Person | | |
| | Vladin | ny Piere-Louis, CPA, f | PLLC | |
| | | Firm/Company | | • |
| | | 465 Maitland Av | | |
| | | Address | | A SE |
| | Altar | nonte Springs, FL. 32 | 701 | |
| | | City/State and Zip Code | | ASS |
| | E mail addmass | vladimy@vplcpa.com to be used for future annual rep | ort natification) | MY 21 MIII RETARY OF S AHASSEE. FL |
| For further information | concerning this matter, please | • | ort nonneation) | WAY 21 AM 11:07 CRETARY OF STATE LAHASSEE. FLORID |
| Vladimy | Pierre-Louis, CPA | at (_407_) | 654-0085 | A |
| Name | of Person | | Daytime Telephone Numbe | r |
| 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 e | nclosed) Certified | ate of Status & |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SALT TRAINING & (Name of the Limited Liability (A Florida L | | | ; | |
|---|--|-----------------------------|---------------|-------------|
| The Articles of Organization for this Limited Liability Conference Florida document number L11000114061 | | | and assig | gned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ted liability company here | : | | |
| | ax Consulting, LLC | | | |
| The new name must be distinguishable and end with the wor "L.L.C." | ds "Limited Liability Compar | ny," the designation "LL | C" or the ab | breviation |
| Enter new principal offices address, if applicable: | ** · · · · · · · · · · · · · · · · · · | | | |
| (Principal office address MUST BE A STREET ADDR | <u>ESS)</u> | | <u> </u> | |
| | | | -ેટ ક | |
| | | Ş | N AN | 1978 |
| Enter new mailing address, if applicable: | | 3E | 22 — <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | , P 2 | P. F |
| · · · · · · · · · · · · · · · · · · · | | Ç | AIS F: | J |
| | | 9 | 7 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | | ur records, <u>enter th</u> | e name of | the nev |
| 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 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> | Address | Type of Action |
|-----------------|--|---|--------------------------------|
| MGRM | The VHY Investment Plus | PO Box 941600 Maitland FL 32794 | Add Remove |
| MGRM | Vladimy Pierre-Louis CPA | PO Box 941600 Maitland FL 32794 | |
| MGRM | M KERMALI, CPA, PA | 334 LAKE DAWSON PLACE LAKE MARY FL 32746 | Add Remove |
| MGRM | Ed Wizda | PO Box 941600 Maitland FL 32794 | Add Remove |
| MGRM | Kevin Morey | PO Box 941600 Maitland FL. 32794 | AddRemove |
| D. If ame | ending any other information, enter chan | ge(s) here: (Attach additional sheets, if necesso | AddRemove |
| - | | | 12 MAY 21 SECRETAR PALLAHASS |
| - - Dated | May 17ths 20 | 12 | ZI MIII 07 SSEE FLORIDA |
| | Mach | er or authorized representative of a member CPA | |

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Filing Fee: \$25.00