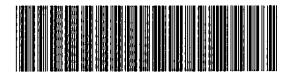
## 11000115458

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SECRETARY OF STATE

T. CLINE
UCI 12 2011
EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division	of Corp	orations				
SUBJECT:	SE	MINOLE CONSUL	TING & MANAGEMENT	LLC		
		Name of Limi	ted Liability Company			
The enclosed Arti	cles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all c	orrespon	dence concerning this matter	to the following:			
			JOHN TSESMELIS			
			Name of Person			
		SEMINOLE CO	NSULTING & MANAGEME	NT LLC		
			Firm/Company			
		27 N	I SUMMERLIN AVENUE			
			Address			
		C	ORLANDO, FL 32801		201 SE	
			City/State and Zip Code		CR CR	****
		LA	YLA@PIBLAND.COM		2011 OCT 11 SECRETARY	
		E-mail address: (	to be used for future annual report notific	ation)	m-x	-
For further inform	nation co	ncerning this matter, please of	eall:		OF STA	
	LAYLA	TSESMELIS	at ( 407 ) 649-9	888 EXT 209	ATE RID	
	Name of	Person	Area Code & Daytime	Telephone Number		
Enclosed is a chec	ck for the	following amount:				
\$25.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	Certified (	of Status &	<b>)</b>
	Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations a 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEMINOLE CONSULTING & MANAGEMENT LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL11000115458	were filed on10/08/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CENTRAL FLORIDA CONSUL	TING & MANAGEMENT LLC	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	27 N SUMMERLIN AVENUE	7 S
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32801	ECRETAR ECAHARS
Enter new mailing address, if applicable:		Y OF
(Mailing address MAY BE A POST OFFICE BOX)		ORDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street ad	dress
	, Florida	7: C d-
	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

	<u>Name</u>	Address	Type of Act
			Add
	,		Remove
			Remove
			Add
			Add
			Remove
			SECT
<del></del> -			Add Remove **
			SR = 1
_			FS And
amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	essary.)
_			
_			
	John /	Sesme 4	
	Signature of a member	2011	

Page 2 of 2

Filing Fee: \$25.00