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EXAMINER

COVER LETTER

TO:

Registration Section

Divis	sion of Corporations		
SUBJECT: _	NPC CONSULTING LLC		
	Name of Limited Liability Company		
The enclosed	Articles of Amendment and fee(s) are submitted for filing.		
Please return a	all correspondence concerning this matter to the following:		
	. CREAGHAN HARRY		
	Name of Person		
	NPC CONSULTING LLC		
	Firm/Company		
	Address		
	DEERFIELD BEACH, FL 33441		
	City/State and Zip Code	121	
	SEARCH.LOGICLLC@GMAIL.COI B-mail address: (to be used for future annual report notif	V: 22 AUG	
The Constant of the		ication)	
r or further in	formation concerning this matter, please call:		
	at ()	w Telephone Number 550	
	Name of Person Area Code & Daytim	e Telephone Number 🗁 🕳	
Enclosed is a	check for the following amount:		
✓ \$25.00 Fil	ing Fee \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Os út	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURI Registration Section Division of Corporations Clifton Building - 2661 Executive Co	on rations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SULTING LLC pany as it now apper	ars on our records.)	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	d Liability Company))	
The Articles of Organization for this Limited Liability Compar	ny were filed on	APRIL 11, 2011	and assigned
Florida document numberL11000115818			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	ere:	
The new name must be distinguishable and end with the words "Li	mited Liability Comr	nany." the designation "LI	C" or the abbreviation
"L.L.C."	oc siasiiny comp	sany, me designation all	of the Bostonian
Enter new principal offices address, if applicable:	·		
(Principal office uddress MUST BE A STREET ADDRESS)	 	50	
			13
		-	<u> </u>
Enter new mailing address, if applicable:	<u> </u>	C" .	*
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	7
			·
		lo A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter th	e name of the nev
registered agent and/or the new registered office address n	<u>cre</u> :		
Name of New Registered Agent:			
New Registered Office Address:	E	utov Ekwida atvaat addu	nan
	Enter Florida street address		
	City	, Florida	Zip Code
	Citi		DIP COUL

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>	Name	Address	Type of Action
MGRM	GESSICA VARGAS	265 S FEDERAL HWY STE 265 DEERFIELD BEACH, FL 33441	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
	 _		Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	
<u></u>			·····
Dated	JULY 23 , 20	$\frac{12}{2}$	PN 3:13
-	~	of authorized representative of a member	
-		EAGHAN HARRY or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00