

L11000116695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

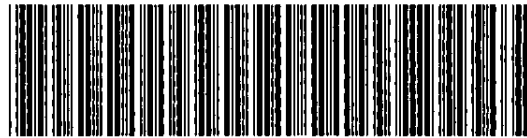
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
APR 11 2011  
**EXAMINER**

Office Use Only



800227476068

04/10/12--01018--017 \*\*60.00

RECEIVED BY MAIL  
#11000116695

2012 APR 10 PM 3:04

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INNSENSE CONSULTING L.L.C.**  
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:

STEPHEN ANDREW COKKINIAS  
Name of Person

Firm/Company

94 HIGHWOOD DRIVE  
Address

MANCHESTER, CT 06040  
City/State and Zip Code

SCOKKINIAS@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

FILED  
2012 APR 10 PM 3:04  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE

For further information concerning this matter, please call:

ANDREW J. COKKINIAS at ( 860 ) 645-9982  
Name of Person 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**INNSENSE CONSULTING L.L.C.**

(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 OCTOBER 11, 2011 and assigned  
Florida document number L11000116695

FILED  
2011 APR 10 PM 3 04  
STATE OF FLORIDA  
TALLAHASSEE

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 690843  
Orlando, FL 32869-0843  
U.S.A.

**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:

\_\_\_\_\_

*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>	<u>Address</u>	<u>Type of Action</u>
✓ MGR	STEPHEN A. COKKINIAS	94 HIGHWOOD DRIVE MANCHESTER, CT 06040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
✓ MGRM	STEPHEN A. COKKINIAS	94 HIGHWOOD DRIVE MANCHESTER, CT 06040	<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

FILED  
2012 APR 3 10 PM  
STATE OF CONNECTICUT  
SACRAMENTO

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

THE AMMENDMENT ABOVE IS TO CHANGE THE TITLE OF STEPHEN A. COKKINIAS FROM MANAGER ("MGR") TO MANAGING MEMBER ("MGRM")

Dated APRIL 3, 2012

  
Signature of a member or authorized representative of a member

STEPHEN A. COKKINIAS  
Typed or printed name of signee