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(Ac	ldress)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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G. MCLEOD

NOV 16 2012

**EXAMINER** 



000241798060

11/15/12--01006--012 \*\*25.00

TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	rct:	Consultant Ma	nagement Group LLC		
001001			ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspondent	ondence concerning this matter	to the following:		
			Giraldo Alfonso  Name of Person		
			radio of a vision		
Consulta		ant Management Group LL	_C		
			Firm/Company		
	181 East Highlands Blvd				
		<del></del>	Address		
			Inverness, FL 34452		
			City/State and Zip Code		
		galf	onso@cmgutilities.com_		
		E-mail address: (	to be used for future annual report not	fication)	
For fu	rther information (	concerning this matter, please o	all:		
	Gi	raldo Alfonso	at ( 321 )	438-0820	
	Name	of Person		me Telephone Number	
Enclos	sed is a check for	the following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. H	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Consultant Manag  (Name of the Limited Liability Compa (A Florida Limited)	ement Group LLC  Inv as it now appears on our records  Liability Company)	<u>i.</u> )			
The Articles of Organization for this Limited Liability Company Florida document numberL11000119741	were filed on10/19/201	1 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designati	ion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	181 East Highlands Blvd	arm 4			
(Principal office address MUST BE A STREET ADDRESS)	Inverness, FL 34452	12 ALL:			
		SSS			
Enter new mailing address, if applicable:	181 East Highlands Blvd	Fic <b>79</b> 179			
(Mailing address MAY BE A POST OFFICE BOX)	Inverness, FL 34452				
		82 <b>5</b>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		ter the name of the new			
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>	Name	Address	Type of Action
MGRM	Troy C Waller	4367 W Amity Road Salado, TX 76571	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amendin		s) here: (Attach additional sheets, if necessary.)	
Dated	(J.)	The same of the sa	
_	Ry	rauthorized representative of a member yan G Waller printed name of signee	

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Filing Fee: \$25.00