L11000145030

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2012 FEB 27 PM 1:52 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS
FEB 2 8 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co		·	*· • <u>*</u>		
SUBJECT: Demali Consulting LLC					
5000 ECT.	Name of Limit	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:	•		
		Kristy Ricetti			
		Name of Person			
			····		
		Firm/Company			
7 W. 63rd street- apt 651W					
		Address			
New York, NY 10023					
		City/State and Zip Code			
akw.1234@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	-			
ł	Kristy Ricetti	at (917)	374-8229		
Name of Person			me Telephone Number		
		· , , , , , , , , , , , , , , , , , , ,			
Enclosed is a check for		· · · · · · · · · · · · · · · · · · ·			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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

FILED

Den	nali Consulting LLC		2012 FEB 27 RM 1:5
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.)	SECRETARY OF STATE TALLAHASSEE, FLORID
The Articles of Organization for this Limited Liability Florida document number L11000145030	· · · —	4010010044	and assigned
Tiorida document number			
This amendment is submitted to amend the following A. If amending name, enter the new name of the l		<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street d	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 **Title** Name <u>Address</u> **Type of Action** MGRM Siham Bokzam 6401 N University Drive ☐ Add Remove Tamarac, FL 33321 Marlene Wasserman **MGRM** 3 Sadore Lane- Apt 1S Yonkers, NY 10710 ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 23 2012 Dated ___ Signature of a member or authorized representative of a member Kristy Ricetti Typed or printed name of signee

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Filing Fee: \$25.00