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COVER LETTER

Division of Corporations	
SUBJECT: Tran Consulting Group LL	
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:	
Vanessa Autraj	TALLAHASS
Name of Person	H. R.
Tran	% 1
Firm/Company	70
102 NE 2nd Street # 40	<u> 22 </u>
Address	1
Boxa ROTON, FL 33432 City/State and Zip Code	
Vautreu @ Cansumerde group) /AMA
E-mail address: (to be used for future abhual repor	t notification)
For further information concerning this matter, please call:	•
Vanessa Autreu at 305, 773	4800
	Daytime Telephone Number
Enclosed is a check for the following amount:	FTCC OA Filing Fa
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is encoder.}	Certificate of Status & Certified Copy (additional copy is enclosed)
	OURIER ADDRESS:
Registration Section Registration	DECHOH

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tran Consulting Group	UC	
Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our it deals is a company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12000112492</u> .	1 - 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the d	L. C. 123
Enter new principal offices address, if applicable:		APR T
(Principal office address MUST BE A STREET ADDRESS	2	6 3 C
		3
Enter new mailing address, if applicable:		OR O
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la 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 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 = Mana MGRM = Ma	ager nnaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Ryan Neill	102 NE 2nd Street #402 Baca Raton, FL 33432	_□ Add □ Remove
MAR	Ryan Neill.	2345 West Silver Palm Rd Boog Raton, FL 33432	Add Remove
	·		Add Remove
			Add Remove
			_□Add _□Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	2012 APR 30
		E FLORIO,	
 Dated	April 25, 2013	2 1 \ 2	-
	Ruan	authorized representative of a member Did printed name of signee	

Page 2 of 2

Filing Fee: \$25.00