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SECRETARY OF STATE

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## **COVER LETTER**

SUBJECT:	Fulcrum Foo	od Consulting, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	Anita K. Sears				
		Name of Person			
Fulcrum Food Consulting, LLC					
		Firm/Company			
1 Beach Drive SE, Apt 2409					
		Address			
		City/State and Zip Code			
asears@freshens.com  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please	·	,		
	nita K. Sears	at (_727 )	895-6917		
Name	of Person	Area Code & Daytin	ne 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

TILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 APR -5 AMII: 02

Fulc	rum Food (	Consulting, LLC	12 M N		
(Name of the Limited	Florida Limited	any as it now appears of Liability Company)	our recorus.)		
The Articles of Organization for this Limited L Florida document number L12000014		y were filed on <b>Ja</b> r	nuary 30, 2012	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name o	f the limited lia	bility company here:			
The new name must be distinguishable and end win "L.L.C."	th the words "Lin	nited Liability Company,	' the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		1 Beach Drive SE, Apt 2409			
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		St. Petersburg, FL 33701  1 Beach Drive SE, Apt 2409 St. Petersburg, FL 33701			
B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	Anita K. Sea				
		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** <u>Address</u> **Type of Action** MGR Anita K. Sears 1 Beach Drive, SE ✓ Add Remove Apt 2409 St. Petersburg, FL 33701 Thomas R. Tipps MGRM 1 Beach Drive, SE ✓ Add ☐ Remove Apt 2409 St. Petesburg, FL 33701 MGR Thomas R. Tipps 1 Beach Drive SE Ant 2409 St. Petersburg, FL 33701 Add ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 3 2012 Dated Signature of a member or authorized representative of a member Anita K. Sears Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00