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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE
AUG 31 2012
EXAMINER

COVER LETTER

	ion Section. of Corporations			!	
SUBJECT:	MFV	CONSULTING			
		mited Liability Company			
The enclosed Articl	les of Amendment and fee(s) are	submitted for filing.			
Please return all cor	rrespondence concerning this mat	ter to the following:			
		Michael Voltner			
		Name of Person			
		MFV Consulting			
		Firm/Company			
	!	9028 Sienna Moss Lane			
		Address		12 AUG SECRET FALL AH	
		Riverview Florida 33578 City/State and Zip Code			
					? F≥
		mikevoltner@yahoo.com s: (to be used for future annual report notification)		12 AUG 30 AH II: I SECRETARY OF STAT ALLAHASSEE, FLOR	JLED VNO
			ation)		
For further informat	tion concerning this matter, please	e call:		- 2 0€	
	Michael Voltner	at (813) 5	05-3883		
N	ame of Person	Area Code & Daytime	Felephone Number		
Enclosed is a check	for the following amount:				
▼ \$2 5.00 Filing Fe	See \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certificate Copy (additional cop	Status & y	
м	IAILING ADDRESS:	STREET/COURIE	D ANNDESS.		

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

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed onM	FV CONSULTING and	l assign	ed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or	the abbr	eviation	
Enter new principal offices address, if applicable:			····		
(Principal office address MUST BE A STREET ADD	RESS)		12		
		ASSE ASSE	30	77.	
Enter new mailing address, if applicable:		0.33 7.33	>		
(Mailing address MAY BE A POST OFFICE BOX)		; C:			
Training ware case 1922 But 11 to D2 O11 102 Bott					
		<u> </u>	<u>~</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter the nam</u>	e of the	he new	
Name of New Registered Agent:					
New Registered Office Address:					
	Ent	er Florida street address			
	, Florida				
	City	Zip C	ode:		

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 **Address Type of Action** MGR Michael Voltner 9028 Sienna Moss Lane Riverview Florida 33578 ✓ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove $\prod Add$ Add Remove 12 AUG 30 AM | 1: 12 AUG 30 AM II: D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 6 2012 Dated ___ Signature of a member or authorized representative of a member Michael Voltner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00