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Special Instructions to	Filing Officer:	
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ALLAHASSEE STATE

COVER LETTER

то:	Registration Se Division of Cor					
SUBJE	ECT:		mentII Consulting, LLC			
		Name of Limit	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		Jan (at 1882)	
Please	return all correspo	indence concerning this matter	to the following:		2212 MAY	
			Frank Briggs		(A) CO	
			Name of Person		man R	·
Briggs M		Briggs Ma	anagementII Consulting, LL0	2	\$5318 15318	· Marine
		2990	Firm/Company		ģa N	
1		10	0130 Ridgebloom Ave			
			Address			
			Orlando, FL 32829			
			City/State and Zip Code			
		E-mail address: (6	briggs@yahoo.com o be used for future annual report notific	ation)		
For fur	ther information c	oncerning this matter, please c				
	Fi	rank Briggs	at (813) 7	67-9360		
	Name o	f Person	Area Code & Daytime	l'elephone Number		
Enclos	ed is a check for tl	ne following amount:				
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	:d)
		ING ADDRESS:	STREET/COURIE Registration Section			

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

Briggs Management II Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for	this Limited Liability Compa	ny were filed on	February 20,	2012	and ass	igned
Florida document number	L12000024116				2812	
This amendment is submitted to	<u> </u>			AL CASE	MAY 18	
A. If amending name, enter the	ne new name of the limited li	ability company he	<u>re</u> :	11:22	P	m
				25	(4)	I I I I I I I I I I I I I I I I I I I
The new name must be distinguish "L.L.C."	nable and end with the words "Li	imited Liability Compa	any," the designat	ion "LLC"	fithe a	bbreviation
Enter new principal offices ad	dress, if applicable:		·F			
(Principal office address MUS)	T BE A STREET ADDRESS)					
Enter new mailing address, if (Mailing address MAY BE A P						
B. If amending the register registered agent and/or the ne			our records, <u>e</u>	nter the n	<u>iame o</u>	f the new
Name of New Registe	red Agent:	· · · · · · · · · · · · · · · · · · ·				
New Registered Office	Address:					
		Enter Florida street address				
		, Florida				
		City		Zi	ip 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** <u>Name</u> **Address Type of Action MGR** Marcus Briggs 3230 Mattson Dr. ☐ Add Orlando, FL 32825 🖊 Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Frank Briggs Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00