

L120000025457

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SKC CONSULTING SERVICES LLC**

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Electronic Filing Menu

Corporate Filing Menu

J. SAULSBERRY
EXAMINER
Help APR 5 2012

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SKC CONSULTING SERVICES LLC

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

H12000087380 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -4 AM 8:24

FILED

The Articles of Organization for this Limited Liability Company were filed on 02/21/2012 and assigned
Florida document number L12000025457

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1264 NELSON PARK COURT

KISSIMMEE, FLORIDA 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1264 NELSON PARK COURT

KISSIMMEE, FLORIDA 34759

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1264 NELSON PARK COURT

(Enter Florida street address)

KISSIMMEE

(City)

Florida 34759

(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	Address	Type of Action
MGRM	CHIQUITA STEPHENSON	1264 NELSON PARK COURT KISSIMMEE, FLORIDA 34759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KENYEKKA BUTLER	1264 NELSON PARK COURT KISSIMMEE, FLORIDA 34759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHIQUITA ODOM	5071 SILVER THISTLE LANE SAINT CLOUD, FLORIDA 34772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KENYEKKA ODOM	5071 SILVER THISTLE LANE SAINT CLOUD, FLORIDA 34772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MGRM SHAWN ODOM'S ADDRESS SHOULD BE UPDATED TO:

1264 NELSON PARK COURT, KISSIMMEE, FLORIDA 34759

2012 APR -4 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MARCH 09, 2012

Signature of a member or authorized representative of a member

KENYEKKA BUTLER

Typed or printed name of signee