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SECRETARY OF STATE

12 MAR 26 AM 8: 32

J. SAULSBERRY EXAMINER MAR 28 2012

COVER LETTER

	ration Section n of Corporations		
SUBJECT:		Consulting LLC	
	Name of Lii	nited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all	correspondence concerning this matt	er to the following:	
		Gerardo E. Gonzalez	
		Name of Person	
		GJG Consulting LLC	
		Firm/Company	
		6629 W 15th ct	
		Address	
		Hialeah Fl 33012	2012 MAR 26 SECRETARY ALL AHASSI
		City/State and Zip Code	R 2
	gerig E-mail address:	jonzalez2003@yahoo.com (to be used for future annual report notif	icetion)
For further infor	mation concerning this matter, please	call:	AM & 32 FLORIB
	Gerardo E. Gonzalez	at (786)	-536-8868 P
	Name of Person	Area Code & Daytim	e Telephone Number
Enclosed is a che	eck for the following amount:		
▶ \$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	d Lighility Company as it now appear	s on our records)			
(Traine of the Elimit	ed Liability Company as it now appear A Florida Limited Liability Company)	s on our records.			
The Articles of Organization for this Limited	Liability Company were filed on	ARCH 07,20	<u> 2/</u> and a	ıssigned	
Florida document number <u>L/2000</u>	32891.				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company here	2:			
The new name must be distinguishable and end w "L.L.C."	with the words "Limited Liability Compar	ny," the designation "	LLC" or th	e abbrevi	iatio
Enternamentarinal officer address (Complete	tarkla.		MASE !	201	
Enter new principal offices address, if appl			<u> </u>	2 MAR	- 51
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			≅5 N r	 .
			Š zo	6 [
				a	T
Enter new mailing address, if applicable:			ري جوا	.	
(Mailing address MAY BE A POST OFFICE BOX)			100	ű N	_
		•		, -	
B. If amending the registered agent and registered agent and/or the new registered of Navy Registered Agents		ur records, <u>enter</u>	the name	of the	nev
Name of New Registered Agent:	Gerardo L. Gorizalez				_
New Registered Office Address:	6629 W 15 th ct				_
	Ente	er Florida street add	lress		
	Hialeah Hialeah	, Florida	330	12	_
	City		Zip Co	de	
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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	1 TO 1
_			ZUIZ MAR 26 AM SECRETARY OF SALLIAHA SEEL FL
Dated \mathcal{M}	1476/ 70		AH & 32
Dated	Golf	<u> </u>	
	Signature of a member Genardo E. Go	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00