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· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)
((Address)
	(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT

MAY 14 2011

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT: OS	Pley Consulting Name of Lim	, LCC	
Source 1.7	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
	SONT	Name of Person	
	Osprey	Firm/Company	
		Firm/Company	
	701 É	Taglerook Way	
	Osprey	Ciry/State and Zin Code	2812 HAY 10 PM 4: 24 SALEANASSEE, FLORIDA
	Sonya (gray & MSA : Con to be used for future annual report notificat	
For further information cor	ncerning this matter, please of	call:	
SONTA		at (941) 966 / Area Code & Daytime To	
Name of	Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	following amount:		
1 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	NG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

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

	-	ce y consul		_	
	(<u>Name of the Li</u>	imited Liability Company a (A Florida Limited Liabi	s it now appears on our r ility Company)	ecords.)	
The Articles of Orga	anization for this Limi	ited Liability Company we	re filed on	aı	nd assigned
Florida document n	umber	·			
This amendment is	submitted to amend th	e following:			
A. If amending na	me, <u>enter the new na</u>	ıme of the limited liability	company here:		
ALL	FIGURED	OUT SARASO	TA LLC		
The new name must I "L.L.C."	oe distinguishable and e	nd with the words "Limited	Liability Company," the de	esignation "LLC" o	r the abbreviat
Enter new principa	al offices address, if a	applicable:			<u> </u>
(Principal office ad	dress MUST BE A S	TREET ADDRESS)		1-5	<u>~</u>
				24.24 E.C.	5 7
				\$5	— parage
Enter new mailing	address, if applicabl	Δ=		Har Mar	
	,	_		FL CALL	- I mary
(Mailing adaress M	<u>IAY BE A POST OFI</u>	<u>- TCE BUX)</u>	,	<u></u>	160 150
		_		<u>Orr:</u>	45
B. If amending t		and/or registered office red office address here:	address on our recor	ds, <u>enter the na</u>	me of the n
Name of N	lew Registered Agent	:			
New Regis	stered Office Address:				
			Enter Floride	a street address	
				Florida	Codo
Cit		шу	Zip	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, <u>enter the title, name, and address of each Manager</u> <u>or Managing Member being added or removed from our records</u>:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Type of Action
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:)	Add Remove
	Add Remove F
Dated May 5th , 2012.	
Signature of a member or authorized representative of a member Sowth GRAT Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00