

L12000049382 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

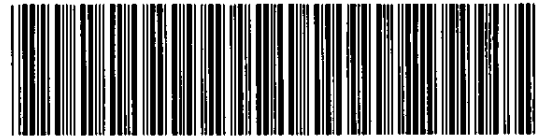
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
13 SEP - 9 PM 4: 01
2013 SEP - 9 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 10 2013
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 776525 7881166
AUTHORIZATION : [Signature]
COST LIMIT : \$ 25.00

ORDER DATE : August 26, 2013
ORDER TIME : 2:34 PM
ORDER NO. : 776525-011
CUSTOMER NO: 7881166

DOMESTIC AMENDMENT FILING

NAME: CTI BUSINESS CONSULTING LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

2013 SEP -9 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CTI BUSINESS 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 Company were filed on 04/11/2012

Florida document number L12000049382

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
23 SEP - 9 AM 10:55
and assigned

This amendment is submitted to amend the following:

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

C2I Business Consulting LLC

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)

1100 TARPON WOODS BLVD
APT 301
PALM HARBOR FL 34685

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1100 TARPON WOODS BLVD
APT 301
PALM HARBOR FL 34685

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: _____

Enter Florida street address

Florida

City

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
<i>X</i>			<input type="checkbox"/> Add
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SECRETARY
 TALLAHASSEE COUNTY
 2013 SEP - 9 AM 10:53

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

Dated 9/6/2013

Victor M. Lee

Signature of a member or authorized representative of a member

Victor M Lee

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECURITIES
TALLAHASSEE, FLORIDA