Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GJP CONSULTING LLC

2 MAY 16 PM 12: 27, SECRETARY OF STATE LEAHASSEE, FLORIB.

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 Estimated Charge
 \$55.00

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Electronic Filing Menu

Corporate Filing Menu CLEOD

MAY 17 2012

EXAMINER

5/16/2012

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: GJP CC	NSULTING LLC		
		ited Liability Company)	
	Amendment and fee(s) are sultendence concerning this matter	_	
	Barbara Dang	(Name of Person)	
	Legalzoom.com, Inc	(Firm/Company)	
	100 W. Broadway Si	uite 100	
		(Address)	
	Glendale, CA 91210		
		(City/State and Zip Code)	
For further information	concerning this matter, please o	call:	
Barbara Dang		at (323) 962-8600	
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for a	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Cupy (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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GJP CONSULTING LLC		
(Name of the Limited Light (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/17/2012	and assigned
Florida document number <u>1.12000051984</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v		
B. If amending the registered agent and/or regregistered agent and/or the new registered office as Nume of New Registered Agent:		er the name of the nev
Marie of 1969 Registered Agent.		
New Registered Office Address:		
	(Enter Florida street	- 選号
	(City), Florida	Zip Code)
	(C.uy)	
New Registered Agent's Signature, if changing Register	red Agent:	02
I hereby accept the appointment as registered agei	nt 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)

or managing	g Member being added or remov	mbers on our records, <u>enter the title, name, and a</u> ed from our records:	iguress of cach Manag
MGR = Mai MGRM = M	nager Ianaging Member		
Title Name		Address	Type of Action
MGRM	DEBBY K PHAIL	3150 N HIGHWAY A1A #601 FORT PIERCE FL 34949	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessor	ary.)

Dated 5/16.	/2012	1000	

Typed or printed name of signee

GORDON J PHAIL

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Filing Fee: \$25.00