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EXAMINET.

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COVER LETTER

TO:	Registration Section Division of Corpo						
SUBJE	· · · · · · · · · · · · · · · · · · ·	The Vision	Group Consulting				
SUBJE	c:	nited Liability Company		-			
The end	closed Articles of Ar	nendment and fee(s) are su	abmitted for filing.				
Please	return all correspond	lence concerning this matte	er to the following:				
	Andrew H. Schlaepfer						
			Name of Person				
	The Vision Group Consulting, LLC				- ALC	2012	
Firm/Company							
2413 Bayshore Blvd, #702					NHAS LIAR	2012 AUG 20	Western .
	Address					60 :11 EW 0.	
	Tampa/FL 33629						
	City/State and Zip Code					0.9	
			hevisiongroupconsulting.c (to be used for future annual report no		-		
For fur	factoring to the second	cerning this matter, please	•	•			
	* * * * * * * * * * * * * * * * * * *	· ·	van.				
		H. Schlaepfer	at (813)	3752324		•	
	Name of P	erson	Area Code & Dayt	time Telephone Numb	er		
Enclose	ed is a check for the	following amount:					
\$2 5	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	Filing Fee cate of St ed Copy onal copy	atus &	osed)
gethe for	Registrati Division e P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Vision Group Consulting

(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 Liabili	ity Company were filed on	7/23/2012	and assigned					
Florida document number L12000094579	9		28 PZ					
4 100			E B T					
This amendment is submitted to amend the followin	ια:		A 22					
A. If amending name, enter the new name of the	limited liability company here:							
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	" the designation	on "gile" of the abbreviation					
Enter new principal offices address, if applicable								
(Principal office address MUST BE A STREET A	DDRESS)							
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>							
								
		_						
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:								
to the second desired the second of the	audi ens noi o							
Name of New Registered Agent:								
New Registered Office Address:	Enter	Enter Florida street address						
-	City	, Florida	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 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** Ty Halpin 5694 Haverford Avenue Add Indianapolis, IN 46220 Remove Add Remove Add Remove יים מיי Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 16 August 2012 Dated __ Signature of a member or authorized representative of a member Andrew H. Schlaepfer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00