

L120000136813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

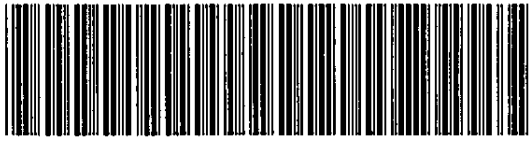
(Business Entity Name)

(Document Number)

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01/27/14--01023--034 **60.00

FILED
14 JAN 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
14 JAN 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tactical Combat Casualty Care 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 26 October 2012 and assigned Florida document number L12000136813.

This amendment is submitted to amend the following:

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

TCCC 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

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 605, 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

AUTHORIZED MEMBER BEING ADDED OR REMOVED FROM OUR RECORDS.

MGR = Manager.
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | N/A | N/A | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | N/A | N/A | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | N/A | N/A | <input type="checkbox"/> Add |
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| | N/A | N/A | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

N/A

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 21 2014



Signature of a member or authorized representative of a member

SAL R. RUIZ

Typed or printed name of signee

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Filing Fee: \$25.00