

L12000139394

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 : PETER J. JAENSCH, P.A.
 Account Number : 105065002440
 Phone : (941) 366-9841
 Fax Number : (941) 951-0677

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: L.m.galva@hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SALES AND PURCHASING CONSULTANT SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

C. LEWIS
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EXAMINER

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TALLAHASSEE, FLORIDA

H120002703493

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sales and Purchasing Consultant Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luisa M. Galvao

Name of Person

Sales and Purchasing Consultant Services, LLC

Firm/Company

6150 Turnbury Park Dr Apt 3207

Address

Sarasota, FL 34243

City/State and Zip Code

l.m.galvao@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luisa M. Galvao

Name of Person

at (941) 321-7520

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(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

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H120002703493 (FAX)

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DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sales and Purchasing Consultant Services, 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 11/2/12 and assigned
Florida document number L12000139394

This amendment is submitted to amend the following:

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

Lusa Consulting Services, 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)

Enter new mailing address, if applicable:

(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:

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

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67120002703493 (FAX)

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated Nov. 13, 2012.


Signature of a member or authorized representative of a member

Peter J. Jaensch

Typed or printed name of signer

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Filing Fee: \$25.00

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