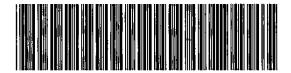
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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			•	
SUBJE	CT:	Get Sct (Consulting, L ited Liability Company	LC	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Steve	e Marcus Name of Person		
		Get S		ing	
		1732	South Congress	s Avenue # 339	2159
		Palm S	Orings, Florida City/State and Zip Code	3346/ SEE 1487	The same of the sa
T C 41	han ta r anna atau a		o yet Set Consu	Hing. Com F	Į,
———	S + c	oncerning this matter, please concerning this matter concerning the concerning the concerning the concerning this matter concerning the concerning	at (954) 536	1/010	
Enclose	d is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Get Set Con	rsulting	LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appe Liability Company	drs on our records.	.)	_	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/2000/5562</u>	were filed on]	March 13, 3	2 <i>01</i> 4 an	d assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company	here:			
The new name must be distinguishable and end with the words "Limited Liab	oility Company," th	ne designation "LLC	" or the abbreviat	ion "L.L.C	
Enter new principal offices address, if applicable:	1732	South	Congre	:55/	Avenue
(Principal office address MUST BE A STREET ADDRESS)	Uni	¥# 33	9		
·	Palm	Springs	, F.B.3:	<u>346/</u>	<u></u>
Enter new mailing address, if applicable:			, PERS	i ÉPR 2	entre
(Mailing address MAY BE A POST OFFICE BOX)			- SST		**
			- 12 22 22	11 72:	* "
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our records,	enter the na	me-of	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Fl	lorida street address			
	City	, Flor		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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Remove
			Add
		<u> </u>	28 CPE IA
			SET AND
			SRIDE Remove
			Add
			□ Remove
			Add
			Remove

to 3.4. 16 d d d d d d d d d d
ive date, if other than the date of filing: (options extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e this document is filed by the Florida Department of State)
04/22, 2014.
attalian & Marcist
Signature of a member or authorized representative of a member
Stephen D. Marcus
- Spiler V. Marcas

Page 3 of 3

Filing Fee: \$25.00