## L13000001855

(Re	equestor's Name)	
(Ad	dress)	
(Âc	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100289350871

08/26/16--01014--028 \*\*25.00

2016 AUG 26 PM 2: 06

K.SALY EXAMINER AUG 29

## **COVER LETTER**

TO: Registration Sec Division of Cor			
	NSULTING, LLC		
SUBJECT:	Name of Limited Liabilit	y Company	
The enclosed Articles of	Amendment and fee(s) are submitted for	filing.	
Please return all correspo	endence concerning this matter to the follow	owing:	
	JAMES CLIFTON		
	Narr	e of Person	
	Firm	n/Company	
	4408 CHARLESTON COURT		
		Address	
	TAMPA, FL 33609		
	•	le and Zip Code	<del></del>
	tampagator99@yahoo.com  E-mail address: (to be used to	or future annual report not	ification)
For further information c	oncerning this matter, please call:	·	
JAMES CLIFTON	at	813 363-2748	
Name o	f Person	Area Code Daytin	ne Felephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	Certificate of Status Cer	.00 Filing Fee & rtified Copy litional 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



DOE 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 Lia	ability Company	were filed on 01-04-13	and assigned	
Florida document number L13000001855	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	4408 CHARLESTON	COURT	
(Principal office address MUST BE A STREE)		TAMPA, FL 33609		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	4408 CHARLESTON TAMPA, FL 33609	COURT	
B. If amending the registered agent and/or the new registered off  Name of New Registered Agent:		<u>'e</u> :	records, enter the name of the new	
	4408 CHARLE	ESTON COURT		
New Registered Office Address:		Enter Florida str	eet address	
	TAMPA		, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CLIFTON, JAMES	4408 CHARLESTON COURT	□ Add
		TAMPA, FL 33609	□ Remove
			■ Change
			Add
			□ Remove
			Change
			A A DE A COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA C
			Rentove 26 2: 06
			2: 06
			□ Remove
			Add
		Remove	
			Change
			□ Add
			□ Remove
			Changa

<u> </u>				
	<u> </u>			
				AUG 26
				79 79
				95
				<del></del>
	<del></del>			
ective date, if other than tl	08-10-	16	(option	na l)
effective date is listed, the date m	nust be specific and cannot be	prior to date of filing o	r more than 90 days after f	ling.) Pursuant to 605.020
e: If the date inserted in this ument's effective date on the	block does not meet the appearant of State's rec	pplicable statutory toords.	ling requirements, this	fate will not be listed a
record specifies a delay		t n <u>ot</u> a <u>n</u> effectiv	e time, at 12:01 <u>a</u> .	m. on the earlie <u>r</u> o
he 90th day after the re	cord is filed.			
, AUGUST 10	2016			
ed	)	<del></del> •		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00