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B. BOSTICK JAN **2 9** 2013

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corp	tion orations		
SUBJECT:	C4 Consisting 16	.(	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Adam Yor	MACK Name of Person	
	ACY Conou	Jim LL( Dirm/Company	<del></del>
,	2817 Prainie	Address	
	Miani Beach,	City/State and Zip Code	13 ,
	E-mail dddress: (td	AYC Enterprises Q 5000 to be used for future annual report notification	MAN 25
For further information co	ncerning this matter, please co	all:	PA D
Adam Vanne of	on Myck Person	at (2-3) 919 - 42 Area Code & Daytime Tel	237
Enclosed is a check for the	e 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

AC 4	Consilting, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	Company were filed on	7 2013 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
AYC FL Consulting, (	LLC :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	444-	
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	<u>A</u> cc. 13
		8 2 N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2: 32 ORID
		DA 2
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our ro dress here:	ecords, enter the name of the new
Name of New Registered Agent:		
Name Bandatanad Office Address		
New Registered Office Address:	Enter Fl	orida street address
		, Florida
<del></del>	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

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

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			Add

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ted	January 22 , 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee  Page 3 of 3

Filing Fee: \$25.00

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