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SECRETARY OF STATE

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N. S. S. Superis

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Comprehensiv Name of Limited	E Chaplainey Ca d Liability Company	re & Consulting, LLC
The enclosed Articles	of Amendment and fee(s) are submi	tted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	De.	Name of Person	lebrooks
•	mpre	Firm/Company	ey Care & Consulting, LLC
	40	4 Jahnson 1 Address	Road_
	P	lant Cty FL City/State and Zip Code	33566
		be used for future annual report notif	
For further information	concerning this matter, please call	:	
De. Danie	C.R. Middlebrooks	at (8/3) 76 Area Code Daytime	27-2082_ Telephone Number
Enclosed is a check for □ \$25.00 Filing Fee	sthe following amount: \$30.00 Filing Fee & Certificate of Status	255.00 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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reco ability Company)	sulting	, <u>u</u>	<u></u>	
The Articles of Organization for this Limited Liability Company v	vere filed onO[/05	12013	an	d assigned	
Florida document number <u>L130000 3757</u> .	,		· .		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here: 15ulting, LL	C ,			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the legignation "Ll	.C" or the abb	reviatio	on "L.L.C."	
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADDRESS)				 .	
		Acs	<u></u>		
Enter new mailing address, if applicable:	4 1/ <u>4</u> _		223	**************************************	
(Mailing address MAY BE A POST OFFICE BOX)	- NA	25	22	कृतक प्रकार कृतक प्रकार	
Transing duaress first BD (11 OST OT FIELD DOX)				in the second	
		25		-	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		ds, enter t	he-na	me of the	<u>nev</u>
Name of New Registered Agent:	MA				
New Registered Office Address:				<u> </u>	
	Enter Florida street addi	ess			
	City,]	Florida	Zip (Toda .	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip C	oae	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60:	and I am fa 5, F.S. Or, i	milia f this	r with and document i	

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>	Name	Address	Type of Action
PESIDENT/CEO	De Paniel Hiddlebrooks	404 Johnson Road	Add
		404 Johnson Road Plant City, FL 3356	6 □ Remove
	·		Change
CFO	Arieme Middlebrooks	404 Johnson Road	□ Add
		Plant City, FC. 335	∠ □ Remove
			W Change
	· .		□ Add
			□ Remove
			Change
			□ Add
			Remove
·		TALLAHA!	Change
		\$5.07 S.	Add Add Remove
	4	RATE OF STREET	☐ Change
			D Add
			□ Remove
			Change

Affective date, if other than the date of filing: If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lote: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed a occument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member of authorized reposentative of a member of state of the point of the po			· 1	7 1			1	
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Filing Fee: \$25.00