

L1300019239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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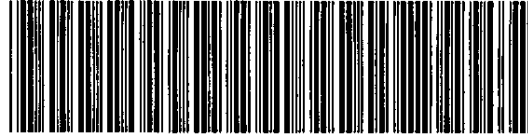
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN -4 P 1:15

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JAN 05 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LETHAL L. ADMINISTRATIVE 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:

THOMAS DARDANI

Name of Person

Firm/Company

1310 NOBLE HERON WAY

Address

NAPLES, FL 34105

City/State and Zip Code

1106AN9268@qal.com

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

For further information concerning this matter, please call:

LETHA LOGAN DARDANI

Name of Person

at (203)

Area Code

556-4770

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

My cell # 203-556-4770 in case of a problem or question

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LETHAL C. ADMINISTRATIVE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

EIN #
46-2623707

The Articles of Organization for this Limited Liability Company were filed on 1-30-13 and assigned
Florida document number L13000019239.

This amendment is submitted to amend the following:

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

CONSULTATIVE ADMIN SERVICES LLC

The new name must be distinguishable and contain 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)

1310 Noble Heron Way
NAPLES FL 34105

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	LETHA JARDANI	1310 Noble Heron Way	☐ Add
		NAPLES FLA. 34105	☐ Remove
			☒ Change (LAST NAME)
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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2016
JAN - 15
CLERK OF SUPERIOR COURT
FLORIDA

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SECRETARIAT OF PIA
ALLAHABAD

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2016 JAN -4 P 1:15
SECRETARIAT OF PARLAMENT
HILLAS DE

(If an effective 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 605.0207 (3)(b)

Dated 12-30-15,

Latha Dardani
Signature of a member or authorized representative of a member

LETHA DARDANI

Filing Fee: \$25.00