L13000001139

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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COVER LETTER

TO: **Registration Section** Division of Corporations

routing Management

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHYLLIS KARP Name of Person		
* ARP and Associates Consulting M Firm/Company	anagenen	t
6520 Overland Deive		
Delay Beach FL 33484 City/State and Zip Code Karpiny @ Comcast, net E-mail address: (to be used for future annual report notification)	2013 FLb	TOTAL SOCIETY
For further information concerning this matter, please call: $ \frac{744 \text{ LUS KARP}}{\text{Name of Person}} \text{ at } (\frac{561}{\text{ Sol}}) = \frac{573 - 1412}{\text{Area Code & Daytime Telephone Number}} $	ANCY OF THE SERVER	. Tak
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability	ATES CONSULT	ING MANAGEMENT U
(A Florida L	imited Liability Company)	
e Articles of Organization for this Limited Liability C	ompany were filed on Feb. 1	1, 2013 and assigned
orida document number <u>L130000 2113</u> 6	<u>1</u> .	
is amendment is submitted to amend the following:		
· ·		
If amending name, enter the new name of the limi	ted liability company here:	
KARP and Associates enew name must be distinguishable and end with the wor L.C."	Consulting Mands "Limited Liability Company," the	ANAGEMENT LLC de designation "LLC" or the abbreviation
ter new principal offices address, if applicable:		
<u>rincipal office address MUST BE A STREET ADDR</u>	RESS)	
		- · _ ~
iter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)		With C
		70 CO
	······································	() () () () () () () () () ()
If amending the registered agent and/or regist gistered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
_ 	City	Zip Code

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR =	Manager		•
MGRM	= Managing	Memb	er

<u>Title</u>	Name	Address	Type of Action
	#*************************************		Add
			Remove
			
			Add
			Remove
			Add
			Remove
			Add Remove
		7. S. C.	Remove
<u>.</u>			ω Add
			Remove
		*************************************	_
			Add
			_ Remove

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Signature of a member or authorized representative of a member