

L13600025/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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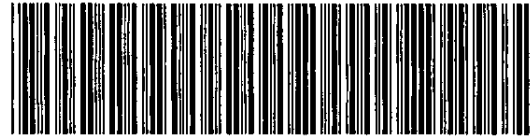
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edward B. Bie Consulting, 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:

Edward B. Bie

Name of Person

Edward B. Bie Consulting, LLC.

Firm/Company

81 N. Gulf Blvd.

Address

Indian Rocks Beach, FL 33785

City/State and Zip Code

eddiebie@aol.com

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

For further information concerning this matter, please call:

Edward B. Bie

Name of Person

at (727) 593-7453

Area Code & 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

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

Edward B. Bie 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 Liability Company were filed on 02/18/2013

Florida document number L13000025105

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2013 SEP 28 AM 3:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Edward B. Bie

81 N. Gulf Blvd.

Indian Rocks Beach, FL. 33785

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Edward B. Bie

81 N. Gulf Blvd.

Indian Rocks Beach, FL. 33785

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:

Edward B. Bie

New Registered Office Address:

81 N. Gulf Blvd.

Enter Florida street address

Indian Rocks Beach

City

Florida 33785

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Heather Perez	901 Academy Dr.	<input type="checkbox"/> Add
		Brandon, Fl. 33511	<input checked="" type="checkbox"/> Remove
MGRM	Edward B. Bie	81 N. Gulf Blvd	<input checked="" type="checkbox"/> Add
		Indian Rocks Beach, Fl. 33785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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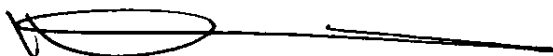
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 28 AM 3:26

Remove
Add
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 24, 2013.



Signature of a member or authorized representative of a member

Heather Perez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA