L1300050399

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APR 11 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

GROENEWOLD 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:

RODRIGO GROENEWOLD

Name of Person

GROENEWOLD CONSULTING, LLC

Firm/Company

13851 WEST HILLSBOROUGH AVE SUITE 180

Address

TAMPA, FL 33635

City/State and Zip Code

RODGROEN@OUTLOOK.COM

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

For further information concerning this matter, please call:

RODRIGO GROENEWOLD

,,813,**4545**031

Name of Person

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

GROENEWOLD 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 (Florida document number L13000050399	Company were filed on <u>4/5/13</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
RINELY CONSULTING, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7. 78	
(Principal office address MUST BE A STREET ADD	RESS)	ECCEPT R	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ETTED PRINTED	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the new	
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 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 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>	Address	Type of Action	
			Add	
			Remove	
				
			Add	
			Remove	
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			Add	
			Remove	
			Keniove	
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D. If amending any other info	ormation, enter change(s) here: (Attach additional shee	ets, if necessary.)
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<u> </u>		
-		·
ated 04/08		
	ob mas	
	Signature of a member or authorized representative of a me	mber
RODRIGO	GROENEWOLD	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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