

Dec. 29, 2014 1:22 PM

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L13000070817

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FRANK GUTTA CPA PA
Account Number : I19990000055
Phone : (954) 452-8813
Fax Number : (954) 452-8359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Cgilbert@guttashart.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAS CONSULTANTS OF FLORIDA, LLC

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T. HAMPTON

H17 Dec. 29. 2014 1:22 PM

No. 3460. P. 2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Gas Consultants of Florida 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 5/14/03

Florida document number L13000070817

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:

7284 West Palmetto Park Road

(Principal office address **MUST BE A STREET ADDRESS**)

Suite 108-S

Boca Raton, FL 33433

Enter new mailing address, if applicable:

7284 West Palmetto Park Road

(Mailing address **MAY BE A POST OFFICE BOX**)

Suite 108-S

Boca Raton, FL 33433

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

City, Florida

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

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No. 3460 P. 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Abbas Jaferi	7284 West Palmetto Park Road	<input checked="" type="checkbox"/> Add
		Suite 108-S	<input type="checkbox"/> Remove
		Boca Raton, FL 33433	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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No. 3460 P. 4

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 29th 2014

Frank Gutta CPA

Signature of a member or authorized representative of a member

Frank Gutta

Typed or printed name of signer

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