## L/3000098552

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	AUG 1 4 2013 A. LUNT	
	M. LUNI	

200249830982

07/18/13--01007--012 \*\*25.00

ALLAHASSE OF STATE

Office Use Only



July 19, 2013

JONATHAN HOWELL 701 SPOTTIS WOODE LN CLEARWATER, FL 33756

SUBJECT: IGK CONSULTING LLC

Ref. Number: L13000098552

We have received your document for IGK CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 513A00017611

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: IGK (	Consulting LLC	<b>S.</b>			
Songeci.	Name of Limit	ted Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
	Jonathan Ho	owell			
		Name of Person			
	IGK Consult	ing LLC.		N	
		Firm/Company	<del>.</del>	<b>6.3</b>	
	701 Spottis \	Woode Ln		AHA	
	<del></del> .	Address	· · · · · ·	3887 1887 1887	ļ
	Clearwater,	FL 33756		ELFLO	
	iakaanaultinalla@e	City/State and Zip Code			
	igkconsultinglic@g E-mail address: (t	o be used for future annual report notificati	on)	বকু	
For further information of	oncerning this matter, please c	all:	·		
Jonathan H	lowell	727 <b>480-892</b>	2		
Name o	f Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)

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**

IGK Consulting LLC			
(Name of the Limited	d Liability Company as it no A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited I Florida document number L1300009855	Liability Company were filed	1 on 07/11/2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany here:	
The new name must be distinguishable and end w "L.L.C."		ty Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli-			
(Principal office address MUST BE A STRE	ET ADDRESS)		200
Enter new mailing address, if applicable:			SS
(Mailing address MAY BE A POST OFFICE	BOX)		mo - m
			700
	<del></del>		
B. If amending the registered agent and	or registered office addr	ess on our records, enter	the name of the new
registered agent and/or the new registered of		<u> </u>	
Name of New Registered Agent:	Jonathan R Howe	ell	
New Registered Office Address:	701 Spottis Wood	de Ln	
		Enter Florida street ad	dress
	Clearwater	, Florida <u>3</u>	3756
	City	, r tot tua	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

Page 1 of 3

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>	Name	Address	Type of Action
MGRM	Daniella J Howell	701 Spottis Woode Ln	Add
		Clearwater, FL 33756	Remove
			Add
			Add  Remove
		LLAHASSEE, FLORIBA	8 -
			Remove
			_ Add
			Remove
		<del></del>	Add
			Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
_	
-	
_	
_	
 ed	
ed	
ed	
 ed	Med
ed	Signature of a member or authorized representative of a member
 ed	

Page 3 of 3

Filing Fee: \$25.00