

L13000114799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(AUG 26 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AMG Consulting, L.L.C.**

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:

Amir Ardebily

Name of Person

AMG, Consulting, L.L.C.

Firm/Company

2700 22nd Street North

Address

St. Petersburg, Florida 33713

City/State and Zip Code

Amir@bonati.com

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

For further information concerning this matter, please call:

Amir Ardebily

Name of Person

at **727 455-9198**

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

AMG Consulting, L.L.C.

(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 8/14/13 and assigned
Florida document number L13000114799.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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 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

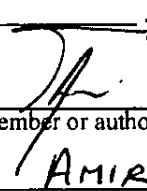
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michelle Ardabily	2700 22nd Street North	<input type="checkbox"/> Add
		St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Remove
MGRM	Amir Ardebily	2700 22nd Street North	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

PLEASE ADVISE STATE
CLERK OF ANY CHANGES
BY 23 AM 10/13/13

FILE
2013 AUG 23 AM 10:43
Remove
Add

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

Dated 8, 16, 13



Signature of a member or authorized representative of a member

AMIR ARDEBILI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 AUG 23 AM 10:43
CLERK OF STATE
TALLAHASSEE FLORIDA