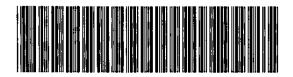
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B. BOSTICK OCT - 7 2013 EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMG 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:

Amir Ardebily Name of Person Firm/Company 2700 22nd Street N Address St. Petersburg, FL 33713 City/State and Zip Code amir@amiracademy.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

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

AMG Consulting, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Florida document number L13000114799		
Torida document manber	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	ation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		76 20 3
		100 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Shirt #
		오
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the n
To the state of th	14100 1010	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	
	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 Title <u>Name</u> **Address** Type of Action **Amir Ardebily** 2700 22nd Street N MGRM St Petersburg, FL 33713 2700 22nd Street N **Amir Ardebily** MGR St. Petersburg, FL 33713 Remove Remove Add Remove Remove

D. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
);	
Dated September 17	
	4.
Signature	of a member of authorized representative of a member
	Typed or printed name of signee
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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