

L13000127706 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

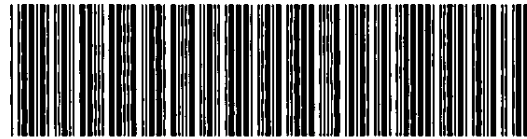
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100252712391

10/11/13--01026--011 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 OCT 11 AM 8:43

B. BOSTICK
OCT 14 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATHWORKS 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:

Jeffrey S. Tanen

Name of Person

Jeffrey S. Tanen, P.A.

Firm/Company

4000 Ponce de Leon Blvd., #570

Address

Coral Gables, FL 33146

City/State and Zip Code

jtanen@tanenlaw.net

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

For further information concerning this matter, please call:

Jeffrey S. Tanen

Name of Person

at **305 374-3250**

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

RECEIVED
TALLAHASSEE FL 32301

2013 OCT 11 AM 8:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PATHWORKS 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 Company were filed on SEPTEMBER 10, 2013 and assigned
Florida document number L13000127706.

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)

700 South Royal Poinciana Boulevard

Suite 103

Miami Springs, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 South Royal Poinciana Boulevard

Suite 103

Miami Springs, FL 33166

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

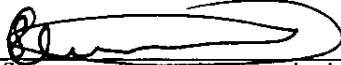
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2013 OCT 11 AM 8:43
 TALLAHASSEE, FLORIDA

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

Dated Oct 8, 2013.



Signature of a member or authorized representative of a member

Sushma Chanrai

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 11 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA