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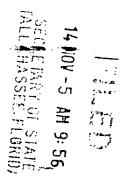
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## **COVER LETTER**

то:	Registration Sec Division of Corp				
CUDI	Tallent Ca	apital & Consulting LLC			
SUBJ	EC1:	Name of Limited Liability Company			
The en	nclosed Articles of A	amendment and fee(s) are submitted for filing.			
Please	return all correspon	dence concerning this matter to the following:			
		William A. Tallent			
		Name of Person			
Randolph Swain Tallent & Whitehead LLP					
		Firm/Company			
1.		2600 Lake Lucien Dr. Suite 207			
		Address			
		Maitland, FL 32751			
		City/State and Zip Code			
		billt@rstwllp.com			
		E-mail address: (to be used for future annual report notification)			
For fu	rther information co	ncerning this matter, please call:			
Willia	am A. Tallent	407 660-2412 Ext 223			
	Name of	Person Area Code Daytime Telephone Number			
Enclos	sed is a check for the	e following amount:			
□ \$2	5.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

Tallent Capital LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/27/2013	and assigned
Florida document number L13000177314	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Tallent Capital & Consulting LLC		
The new name must be distinguishable and end with the words "I	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	· · · · · · · · · · · · · · · · · · ·	r the name of the no
registered agent and/or the new registered office ad	dress nere:	ALL SEE
N 6N 5 1 1 1	-	NOV T
Name of New Registered Agent:		Comme
New Registered Office Address:		المسر حمر
	Enter Florida street address	A 77
	, Florida _	الدويون المسوقالية
	City	Zip Gode

New Registered Agent's Signature, if changing Registered Agent:

T-11--4 O--3-111 O

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

**AMBR** = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action ☐ Add \_□ Remove □ Add \_\_\_\_ Remove ☐ Add □ Remove **□**FAdd □ Remove S Add ☐ Remove □ Add ☐ Remove

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(optional) more than 90 days after
'a member

Page 3 of 3

Filing Fee: \$25.00

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