L14000004433

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(#L10000004433) in error.

Ros Jak

EFFECTIVE DATE_____

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AFFICIATED CONSULTING GROUP, 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:
RUNT ACKENHAUSEN Name of Person AFFILIATED CMSUTING GROUP Firm/Company P.O. BOX 30359 Address PENSACOLA, FL 32503 - 1359 City/State and Zip Code KURT P AFFILIATED CG. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
KUNT ACKENHAUSEN at (850) 362 - 6562 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of S

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

AFFILIATED CONSULTING GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited L	iability Company	were filed on <u>C</u> 400004433	01/09/201 3	<u>4</u> and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the de	signation "LLC" or	the abbreviation "I	L.C."
Enter new principal offices address, if applic	able:	ility Company," the do	UMMIT B	LVD. #	44
(Principal office address MUST BE A STREET ADDRESS)		PENSACO	LA, FL	<u> 32503</u>	P
			· · · · · · · · · · · · · · · · · · ·		i. ii
				3 28 3 4 8 9 3 4 5 9	O same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					FTP:
				8 PM 2: 25	1/2000 pt 1
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here	2:			
New Registered Office Address:	Z298	SUMM 17 Enter Florid OLA City	BLYD	#44	
New Registered Office Address.		Enter Florid	a street address	. ,	
	PENSAC	OLA	, Florida	3250	3
		City	,	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere	ed agent and agr	ee to act in this co	macity I further	r naree to comr	du with the

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	☐ Add
			☐ Remove
			□ Remove
			Add
			☐ Remove
			AUG 22dd
			29
			□ Add
			□ Remove
			□ Add
			□ Remove

If amending.	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(The effective the date this	late, if other than the date of filing: SEPTEMBEN 1, 2014 (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated A	UGUST 26th, 2014.
	Signature of a member or authorized representative of a member KURT ACKENHAUSEN
	Typed or printed name of signee

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Filing Fee: \$25.00

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