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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co					
SUBJECT:	Srebenhar G	ensulting LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Mart	e Siebenhan			
		Name of Person			
	Siebenh	Name of Person Firm/Company	uc_		
	60 SW	/3 St # 150 J Address FL 33130 City/State and Zip Code			
		Address	7	erico	
	Miami	FL 33130	, -	- 6 5 H	·7
	marte. Si	ichenhar e mai	1.000		F
	E-mail address:	Chenhar Esmai	fication)	in an)
For further information of	concerning this matter, please c	eall:		"	i e essente e
Marte	Siebenhan	ar (917 -) 880 -	-53/6		
	of Person	at (917) 880 \\ Area Code Daytime	: Telephone Number	-	
	1. 6.16				
Enclosed is a check for t	_		7 * * * * * * * * * * * * * * * * * * *		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2015

MARTE SIEBENHAR SIEBENHAR CONSULTING LLC 60 SW 13 ST., SUITE 1501 MIAMI, FL 33130

SUBJECT: SIEBENHAR CONSULTING LLC

Ref. Number: L14000022169

We have received your document for SIEBENHAR CONSULTING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

You will need to file articles of amendment. Please see the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 215A00002565

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siebenhar 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 Comparing Florida document number	any were filed on 2/10/2014 and assigned
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:	60 5W 13 St Suite 1501
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	60 SW 13 St. Svik 1501 Miami FL 33130
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Fiorida 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 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, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Remove
			D Remove
			Add
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
ie effec	date, if other than the date of filing: 2/6/28/6 (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
he effec he date (/e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effec	re date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State) 2/18/2015 Mauta A Airel
The effect the date	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECKLIANT OF