U14000075570

Name)
/Phone #)
AIT MAIL
ity Name)
umber)
ificates of Status
eer:

Office Use Only



200262740332

08/19/14--01023--015 **25.00

MORE ARY OF STATE

14.1.1 61.904 4

AUG 2 0 Z014

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	QUARTERL Name of Lim	Y CONSULTA	ANTSILC
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CLIFFO	DRD WALKER	
		Firm/Company	
	2728	DAVIE BUVD	#72 L 33312
	FTLA	HUDERDALE, F City/State and Zip Code	L 33312 華 5 ·
	E-mail address: (NCHEFINL@ G to be used for future annual report notif	MAIL.COM: 7
For further information con	ncerning this matter, please ca	all:	
Clifford Wo	Person	at (<u>954</u>) <u>398 –</u> Area Code Daytime	4465 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

(Name of the Limited Liabifit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Table 14000755	Company were filed on MAY 9, 2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ed liability company here: ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." (SS) ered office address on our records, enter the name of the new		
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."	•
Enter new principal offices address, if applicable:		12	_
(Principal office address MUST BE A STREET ADDR	(ESS)		٠.
		三	
			1
Enter new mailing address, if applicable:			* -
(Mailing address MAY BE A POST OFFICE BOX)			١,
		등급 2	_
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		name of the t	<u>1ew</u>
Name of New Registered Agent:			-
New Registered Office Address:			-
	Enter Florida street address		
		7in Coda	-
	City	пр Соае	

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 or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action MGR CLIFFORD WALKER 2728 DAVIE BKVD # 72 BADD FORT LAUDERDALE, FL | Remove 33312 MGR WILLIAM FOWLER 2728 DAVIE BLVD #7Z DAD FT LAUDERDALE, FL BRemove MGR JAMES CLEAVER IT 2728 DAVIE BLVD OAGO FT LAUDER DACE, FC BROMOVE □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

D.		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· ·	Add EIN#46-5624928
	•	
E. (Effective The effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
,		his document is filed by the Florida Department of State)
	Dated	8/14/2014)
		and the second of the second o
		Usignature of a member or authorized representative of a member
		Clifford Walker
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00