

L14000083001

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE JUN 25 2014

DARBY & PEELE

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

HERBERT F. DARBY, P.A.
RICHARD E. STADLER, P.A.
JOSHUA D. CRAPPS, P.A.
BONNIE S. GREEN, P.A.

ATTORNEYS AT LAW

June 6, 2014

285 N.E. HERNANDO AVENUE
POST OFFICE DRAWER 1707
LAKE CITY, FLORIDA 32056
TELEPHONE (386) 752-4120
FACSIMILE (386) 755-4569

W. RODERICK BOWDOIN
(1949-2008)
S. AUSTIN PEELE
(1938-2011)

8236.06-14-113

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: L. D. Lingustic & Consulting Services, LLC
Document number: L14000083001

Gentlemen:

Enclosed is Articles of Amendment to Articles of Organization of L. D. Lingustic & Consulting Services, LLC to be filed in your office. Please note the amendment is to change the name to: L.D. Linguistic & Consulting Services, Inc. (please note the spelling of "Linguistic")

Also enclosed is our check in the amount of \$25.00 to cover the filing fee.

Thank you.

Very truly yours,



Joshua D. Crapps
For the firm

joshuadcrapps@darbypeele.com

JDC:dbb

Enclosure

cc: Ms. Laureine Dice (w/encl. via email)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

L. D. Linguistic & Consulting Services, 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 May 22, 2014 and assigned
Florida document number L14000083001.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

L. D. Linguistic & Consulting Services, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

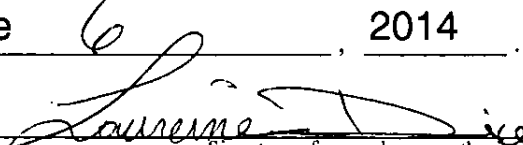
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6, 2014



Signature of a member or authorized representative of a member

Laureine Dice

Typed or printed name of signee

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