1400105176

Office Use Only



600276070136

08/19/15--01003--008 **25.00

FILED

15 AUG 19 FH 3: 59

SECRETAGE OF STATE

IF LAMASSEE OF STATE

AUG 2 0 2015 S. YOUNG

COVER LETTER F

TO: Registration Sec Division of Corp		· ·		
SUBJECT:	Name of Limi	ONSUHING, LLC	<u></u>	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	Gsegon	Ceci/ Name of Person		
	Acros To	EM Consulting Firm/Company	LLC	
	6262 140	Address No Um	14806 1880 1880 1880 1880 1880 1880 1880 1	; ; <u>†</u>
	Clearunte	City/State and Zip Code	, · · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used for future annual report notifi	: <u></u> ; (Λ O
For further information co	ncerning this matter, please ca	all:		
Gregory C Name of	eci/ Person	at (32/) 59/- Area Code Daytime	ODST Telephone Number	
Enclosed is a check for the	e 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 enclos	

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

Apro STEM	Consulting LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	SSS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, enter the name of the newsshere:
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager.

AMBR = Authorized Member

Type of Action <u>Title</u> **Address** 6262 1427 AVE, N. UNIT806 C/parmater, FL 33760 BAdd AMBR Linda Ryan ☐ Remove ☐ Change □ Add ☐ Remove 굸 ☐ Change - DAdd → □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

Page 2 of 3

•		
- L		
		<u> </u>
		
- 1 		and the second s
		——————————————————————————————————————
	be specific and cannot be prior to date of filing or more than 90 days ck does not meet the applicable statutory filing requirements	
record specifies a delayed of The 90th day after the recor	effective date, but not an effective time, at 12: rd is filed.	01 a.m. on the earlier
-1/	/	三 元 动
ited 8/10/2	79/3	高 A T
· _	Land In Chill	
	1000 11 CVES	9 17
5	ignature of a member or authorized representative of a member	
s	ignature of a number or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00