L150000 28852

(Re	equestor's Name)	
(Ac	ldress)	
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J. Shivers FEB 25 2015

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJi	ATR Cor	nsulting Group, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alexander Rose		
			Name of Person	
		Rose Consulting Gr	oup, LLC	
			Firm/Company	
		306 Ponte Vedra Bl	vd .	
			Address	
		Ponte Vedra Beach	FL 32082	
			City/State and Zip Code	
		alextrose@gmail.cor		
			to be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please c	all:	
Alex	ander Rose		904 322-1288	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATR Consulting Group, LLC	71.		
(Name of the Limited Liab (A Flor	pility Company as it now ap ida Limited Liability Compa	ny)	
The Articles of Organization for this Limited Liability	Company were filed on	02/16/2015	and assigned
Florida document number L15000028852	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	y here:	
Rose Consulting Group, LLC			
The new name must be distinguishable and end with the words "	Limited Liability Company,"	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		on our records, enter	er the name of the new
registered agent and/or the new registered office at	idiess neie.		7 kg _
Name of New Registered Agent:			5
New Registered Office Address:			
	Enter	Florida street address	S 2 = -
	<i>C</i> '4.	, Florida	Me I
New Registered Agent's Signature, if changing Registe	City		E Zip Code
,	· · · · · · · · · · · · · · · · · · ·		高高 22
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and			
accept the obligations of my position as registered			
being filed to merely reflect a change in the registe	ered office address, I he		
company has been notified in writing of this chang	e.		
	If Changing Registered	d 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 of removed from our records:

MGR = Manager AMBR = Authorized Member Name Address

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alyssa Rose	306 Ponte Vedra Blvd	= Add
		Ponte Vedra Beach, FL 32082	□ Remove
			□ Add
			Remove
			□ Remove
			Add
			Remove
			Add
			Remove 5
.			
			Remove

If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date are the date this date which the file in the property of Scale)	(optional) nd cannot be more than 90 days after
Dated 02/18/2015 Dated 02/18/2015	
Signature of a member or authorized repr	
Page 3 of 3	
Filing Fee: \$25	.00

15 FEB 20 MH II: 22