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K.SALY EXAMINER JUN 1 6 2015

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ecurity Consulting, LLC		
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Donald J. Balberchak		
			Name of Person	
			Firm/Company	
		Box 227, 13833 Welling	gton Trace E4	
			Address	
		Wellington, Florida 33414	1	
		penscon@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation) ·
For fur	ther information co	oncerning this matter, please ca	alt:	
Donald	i Balberchak		561 313-8760 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	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)

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

TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUH 15 PM 2

Peninsula Security Consulting

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on L15000032130 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Peninsula Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Peninsula Consulting Enter new mailing address, if applicable: Box 227, 13833 Wellington Trace E4 (Mailing address MAY BE A POST OFFICE BOX) Wellington, Florida 33414 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Florida

or removed from our records:

• MGR = Manager AMBR = Authorized Member			FILED	
<u>Title</u>	<u>Name</u>	Address	F!LED 2015 JUN 15 PM 2:39	Type of Action
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(If an effective date is listed, Note: If the date inserte	r than the date of filing:	
the record specifies a) The 90th day afte	a delayed effective date, but not an effective time, at $12:01$ a.m. on the record is filed.	the earlier of:
Dated	, 2015	
	and the first of a married as a substitute of a s	
Donald J. Ba	alberchak	
-	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00