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ECRETARY OF STATE

S Warren APR 1 2 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Efficient Consulting, UC Name of Limited Liability Company
V
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vonne M. Ravenelle Name of Person
Efficient Consulting, UC
Bonita Springs FL 34134
Gravenelle o gmail · Com [E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status &

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

ETTICIENT COX	75W tr/19	ui.		_
(Name of the Limited Lia (A Flor	bility Company as	t now appears on our per company)	records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company were		101,-	nd assigned
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li				
The new name must be distinguishable and contain the words "I	elle, Ll	<u>C</u>		
The new name must be distinguishable and contain the words "I	Limited Liability Co	mpany," the designation	"LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	Λ	1/4		
(Principal office address MUST BE A STREET AD.	DRESS)			
				
				
10-4				
Enter new mailing address, if applicable:	4 <u>-</u>			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office ddress here:	address on our re	cords, <u>enter the na</u>	ame of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	address	
•			_, Florida	
_		lity	Zip	Code
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered age 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 company has been notified in writing of this change with the change in the registered acceptance of the change with the change in the registered acceptance.	d complete perfo l agent as provi ered office addr ge.	rmance of my dution ded for in Chapter ess, I hereby confir	es, and I am familia 605, F.S. Or, if this	r with and document is iability
	ti Citanguigi	erganicu Agent, <u>Divil</u>	The of New Kepisteren	()

Page 1 of 3

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 = M AMBR = A	anager \ uthorized Member	•	
Remove Change C	<u>Title</u>	<u>Name</u>	Address	Type of Action
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