## L150001 30488

(Red	juestor's Name)	<del></del>
(Add	Iress)	
(Add	Iress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





500287434955

06/30/16--01009--030 \*\*30.00

FILED
2016 JUN 30 PM 1: 06
SECREVASSEE, FLORIC

K.SALY EXAMINER

## **COVER LETTER**

Division of Cor			
STENTON SUBJECT:	CONSULTING, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JACQUELINE DURHAM	, ESQ.	
		Name of Person	
	KOONTZ & ASSOCIATE	S, PL	
		Firm/Company	
	1613 FRUITVILLE ROAD		
		Address	<del></del>
	SARASOTA, FLORIDA 3	4236	
		City/State and Zip Code	
	berglind@miranda.is		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Jacqueline Durham		941 225-2615 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/LED 2016 JUN 30 PM 1:06

Zip Code

STENTON CONSULTING, LLC

(Name of the Limited Liability C	ompany as it now appears on our records.) ALLAHASSY OF ST.
	OSEE, FLORIE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ent is submitted to amend the following:  Ing name, enter the new name of the limited liability company here:  Insultation by the designation "LLC" or the abbreviation "L.L.C."  Incipal offices address, if applicable:  Incipal enders MUST BE A STREET ADDRESS)  Incipal address, if applicable:  Incipal address, if applicable:  Incipal enderses MUST BE A STREET ADDRESS)  Incipal address, if applicable:  Incipal enderses MUST BE A STREET ADDRESS)  Incipal address, if applicable:  Incipal enderses MUST BE A STREET ADDRESS)  Incipal enderses MUST BE A STREET ADDRESS)  Incipal enderses en
The new name must be distinguishable and contain 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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	Kornakur 4
(Mailing address MAY BE A POST OFFICE BOX)	210 Gardabaer, Iceland
registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

if amending Authorized rerson(s) authorized to manage, enter the title, hame, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stenton Consulting (Malta) Ltd	Suite 3, Tower Business Center	□ Add
		Tower St. Swatar	■ Remove
		Birkirkara Bkr, Malta, 4013 MA	□ Change
MGR	Berglind Jonsdottir	Kornakur 4	
		210 Gardabaer, Iceland	□ Remove
		Change	
		····	Add
			□ Remove
		TALLAHASSI TALLAHASSI	
	<u></u>		
		Remove Change	
	Au	Change	
			Remove
			Change
			Add
			□ Remove
			Change



-		
-		
_		206 JUN 30 PM 1: 06 SECRETARY OF STATE TALLA HASSEE. FLORID
		SECRETARS OF PLORIDA
_		1: 06
·		
_		
 Tffaati	ve date, if other than the date of filing:	(antional)
Note:	ve date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records.	s after filing.) Pursuant to 605.0207 ( ts, this date will not be listed as t
docume		.04
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	:U1 a.m. on the earlier or:
ne rec The		:UI a.m. on the earlier or:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00