15000206876

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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17 FEB 21 PM 12: 41

FEB 28 2017 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp		•	·
SUBJECT:	HROSS Name of Limi	Consulting ted Liability Company	7
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	4
Please return all correspon	dence concerning this matter t	to the following:	
•	<u>Hea</u>	Her H. Ross Name of Person	
		M Intel Firm/Company	
·	2614	Tamiami Tra	ail.N.
	Na	ples Florid City/State and Zip Code	<u>a 34103</u>
·	heather. r	TOSS Q hross C.C. to be used for future annual report no	ensulting.com
For further information co	ncerning this matter, please ca		J
Heather Name of	Person	at (239) Area Code Dayti	206 - 2633 me Telephone Number
Enclosed is a check for the	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2017

HEATHER H ROSS 2614 TAMIAMI TRAIL N NAPLES, FL 34103

SUBJECT: HROSS CONSULTING, LLC

Ref. Number: L15000206876

2017 FEB 21 PM 3: 43

We have received your document for HROSS CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00001286

SECRETARY OF SIME

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nsulting, L any as it now appear on our p Liability Company)	LC records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>£15000206876</u> .		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab $R \bowtie T_0 +$	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2614 Tan	nami Trail N
(Principal office address MUST BE A STREET ADDRESS)	Suite 203 Naples, Fl	orida 34103
Enter new mailing address, if applicable:	2614 Tam	jami Trail N
(Mailing address MAY BE A POST OFFICE BOX)	Naples, F.	Jorida 34103
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
If Chai	nging Registered Agent, <u>Signs</u>	nture of New Registered Agent
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:

AMBR = Au	thorized Member	Changes	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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•			☐ Change
			* .
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Page 3 of 3

Filing Fee: \$25.00