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## **COVER LETTER**

Divi	sion of Corp	ocrations		
SUBJECT:	LHG CONS	ULTING LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		WALTER VILLELA		
			Name of Person	
		VILLELA & SHILTS, LL	С	
			Firm/Company	
		910 SW 1ST AVE, STE 20	01	
			Address	
		OCALA, FL 34471		
			City/State and Zip Code	
		WALTER@VILLELASHII		
			to be used for future annual report notific	cation)
For further in	formation co	incerning this matter, please ca	all:	
WALTER VILLELA			352 237-3200 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

LHG CONSULTING LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	pany)	)
he Articles of Organization for this Limited I	Liability Company were filed	on 01/19/2016	and assigned
lorida document number L16000012440			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	any here:	
the new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		·,
Principal office address MUST BE A STRE	ET ADDRESS)		- 44
			क क
nter new mailing address, if applicable:			2 1
Mailing address MAY BE A POST OFFICE			777. <b>3.</b> 771
			- Ex = -
<ol> <li>If amending the registered agent and egistered agent and/or the new registered of</li> </ol>		ess on our records,	
Name of New Registered Agent:	GELLER, AMY M		
New Registered Office Address:	1112 NE 7TH ST		
	En		
	OCALA	. Flor	ida <u>34470</u>
	City		Zip Code

### 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GELLER, LEON H.	1112 NE 7TH ST	□ Add
		OCALA, FL 34470	■ Remove
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ffective date, if other than the d	ate of filing:	prior to date of filir	g or more than 90 days	optional)	nt to 60°	5 0207 (3)(
Note: If the date inserted in this bloc locument's effective date on the Dep	k does not meet the ap	plicable statutor	y filing requirements	s, this date will no	t be list	ed as the
e record specifies a delayed of The 90th day after the recor	effective date, but d is filed.	not an effec	tive time, at 12:	01 a.m. on the	e earli	er of:
DECEMBER 12	2016					
	/	<del></del>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00