## 11600059481

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SUBSTRACTOR STATE

J HARRIS

COVER LETTER

	gistration Sec ision of Corp		1	
	Couch Res	earch Consulting, LLC	l	
SUBJECT:	- Conten ices	Name of Limit	ed Liability Company	
			ļ	
The enclosed	d Articles of i	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	dence concerning this matter to	o the following:	
		James F. Bush		
			Name of Person	
		Bush Litigation, PLLC		
			Firm/Company	
		2603 NW 13th ST, #344		
			Address	
		Gainesville, FL 32609		
		Cames vine (1 is 5200)	City/State and Zip Code	<del></del>
		james@bushlitigation.co		
		E-mail address: (t	o be used for future annual report	notification)
For further	information c	oncerning this matter, please ca	ill:	
James F.	Bush		at ( 352 ) 895-67	
	Name o	f Person	Area Code Da	stime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 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		Registration S Division of Co Clifton Buildir	orporations ng e Center Circle	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

**OF** 

Conch Research Consulting, LLC	iability Company	r as it/now appears on our ibility (Company)	records.)		
(Name of the transco 2)	Horida Limited Lie	ibility Company)			
he Articles of Organization for this Limited Liabi				_ and assign	ed
orida document numberL16000059481					
nis amendment is submitted to amend the following	ing:				
. If amending name, enter the new name of th	<u>ie limited liabi</u>	lity company here:			
			ion "LLC" or the abbr	eviation "L.L.C	
Apia Research, LLC he new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company. The designate 2603 NW 13th ST.		20	-
Enter new principal offices address, if applicab	ole:	#3 44			
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Gainesville, FL 32609	)	_ \_ <del> </del>	··
			92	[	<b>.</b> :
		2603 NW 13th ST.		A 11	: 
Enter new mailing address, if applicable:		#3-1-1		_ <del></del> _	
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u>(OX)</u>	Gainesville, FL 3260	9	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered ( ice address he	office address on our	records, <u>enter</u>	the name o	f the
Name of New Registered Agent:	James F. Bush	1			
	2603 NW 13t				
New Registered Office Address:		Enter Florida s	areet address		
		Gainesville	Florida	32609	
		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 perfivenance 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James F. Bush	2603 NW 13th ST	☑ Add
		#344	☐ Remove
		Gainesville, FL 32609	Change
			Add
		<del></del>	☐ Remove
			□ Change
			Remove
			Change
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			Change
			Z D Remove
<del></del>			Add
			Remove
			Change

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ctive date, if other than t effective date is listed, the date r	he date of filing:	:	ate át tiling ar mare the	(option:	il) na i Purenant ta i	505 D20
$oldsymbol{arphi}$ If the date inserted in this	block does not me	eet the applicable	statutory filing requi	irements, this da	ite will not be l	isted a
ment's effective date on the	Department of St	ate's records.				
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ecord specifies a delay se 90th day after the ro	ecord is filed.	ate, but not a	n enective time,	at 12:01 a.m	i. on the ear	rlier (
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	Signature of a m	emper or authorize	ed representative of a me	amber	- \$33 <b>ω</b>	-
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Page 3 of 3

Filing Fee: \$25.00