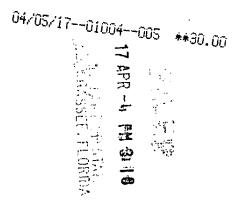
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COVER LETTER

Division of Corpo			
SUBJECT:		ONSULTING SOW	TION, LLC
The enclosed Articles of Articles	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ATIMALL	Name of Person	
		Firm/Company	
	1830 City	RUS ORCHARD I	way
	DALRIC	O, FL 33594 City/State and Zip Code	,
	WSDODI E-mail address: (1	1500 Hotmail (to be used for future annual report notif	fication)
For further information con	cerning this matter, please ca	all:	
JU AN ITA - Name of P	THORNTON	at (\$13) 956- Area Code Daytime	2794 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. THORN TON COA (Name of the Limited Liability Compa (A Florida Limited)		ONS, LLC
The Articles of Organization for this Limited Liability Company Florida document number $81-3157562$.	were filed on 7.7.16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab THORNTON CONSULTING S The new name must be distinguishable and contain the words "Limited Liabiletical Contains the contains	DLUTIONS LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1830 CITRUS ORCH WALRICO, FL.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 2426 VALRICO, FL. 3	3595
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		Ĉn } <u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florida	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

or remove	d from our records:	, enter the sacy hamed and	/
MGR = :	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			
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		/	Change
			Remove
			Change
			Add
			☐ Remove
			Change
		 	☐ Add
			□ Remove
	/		

D. If amending any other information, enter change(s) here: (Attach additional she	ets, if neces	sary.)		
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Effective date, if other than the date of filling:	(option		76	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requires	0 days after fil ments, this d	ing:) Pursu ate will n	ant to 6)5.0207 (3)
document's effective date on the Department of State's records.	,	3		
the record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.r	n. on th	ne ear	ier of:
Dated 3-31, 207.				
	••			
Signature of a member or authorized representative of a member	ber			
JUANITA THORNTON				

Page 3 of 3

Filing Fee: \$25.00