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(Requ	uestor's Name)	
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(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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DIVISION OF CORPORATION

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COVER LETTER

	fation Section of Corpor		•	
OT UP TELEVIS	ONSYSTEN			
	_		ited Liability Company	
The enclosed Art	ticles of Am	nendment and fee(s) are sub-	mitted for filing.	
Please return all	corresponde	ence concerning this matter	to the following:	
		Adam O. Kirwan		
			Name of Person	
		KLF Management Services	s, LLC	
			Firm/Company	
		301 N. Ferncreek Ave., Su	ite C	
			Address	
	Firm/Company 301 N. Ferncreek Ave., Suite C Address Orlando, FL 32803 City/State and Zip Code adam@kirwanlawfirm.com E-mail address: (to be used for future annual report notification)			
City/State and Zip Code				
	:	•		
		E-mail address: (t	Name of Limited Liability Company Idment and fee(s) are submitted for filing. Ide concerning this matter to the following: Idam O. Kirwan Name of Person J.F. Management Services, LLC Firm/Company 1 N. Ferncreek Ave., Suite C Address Idando, FL 32803 City/State and Zip Code m@kirwanlawfirm.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (407) 210-6622 Area Code Daytime Telephone Number	
For further inform	mation cond	erning this matter, please ca	all:	
Adam O. Kirwai	n		at (
	Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a che	eck for the f	ollowing amount:		
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

CONSYSTENT AI LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 06/24/2010	5	_ and assig	ned
lorida document number L16000121954	·				
his amendment is submitted to amend the follo	owing:				
a. If amending name, enter the new name of	the limited liab	ility company here:			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbre	viation "L.L.	C."
nter new principal offices address, if applic	able:	301 N. Ferncreek Avenu	ие		9
Principal office address MUST BE A STREE	T ADDRESS)	Suite C			SEC
		Orlando, FL 32803		-	<u> </u>
Inter new mailing address, if applicable:		301 N. Ferncreek Aven	ue	2	RY OF S
Mailing address MAY BE A POST OFFICE BOX)		Suite C		6: 4	IAI AAI
	 - _	Orlando, FL 32803			OK.
i. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:	Tice address her		ecords, <u>enter the</u>	name of	f the ne
	201 N. Farnara	ek Ave., Suite C			
New Registered Office Address:	JOI IN. PEHICIC	Enter Florida street	address		<u> </u>
	Orlando		, Florida <u>32803</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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ConSystent Mind, LLC	301 N. Ferncreek Avenue	
	Suite C	☐ Remove	
		Orlando, FL 32803	
			□ Add
		·	☐ Remove
			Change
		-	□ Add
			□ Remove
			Change
			
			Remove
			Change
			Add
			☐ Remove
			Change
		Add	
			□ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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î ffaativ	to data if other than the data of filings	
Note:	re date, if other than the date of filing: (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put f the date inserted in this block does not meet the applicable statutory filing requirements, this date will nt's effective date on the Department of State's records.	rsuant to 605.020 not be listed a
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier o
Dated _	May 1 2018.	
	- HAM	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00