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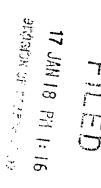
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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O SIMMONS JAN 20 2017

## **COVER LETTER**

Division of Corpo			
surject:Bl	_H CONS	SULTING (TY)  ted Liability Company	oup LC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Declan	Name of Person	
		Firm/Company	
	422 Ba	YFYOYH DR Address	
	Boynton	Beach FL City/State and Zip Code	33435
	Declan · Mo E-mail address: (t	rgan @ gwail com o be used for futbre annual report notifi	cation)
For further information conc	erning this matter, please ca	11:	
Declar Mo	Troop (OCV)	at (561) 843 - 6 Area Code Daytime	Telephone Number
Enclosed is a check for the f	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

## TO **ARTICLES OF ORGANIZATION**

RFH COURNIT	ing group LLC
( <u>Name of the Limited Liabilit</u> (A Flonda	y Company as it now appears on our records.) Limited Liability Company)
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ESSI Boynton Beach FL, 33435
<u>Principal office address MUST BE A STREET ADDR</u>	ESSI Boynton Beach FL, 33435
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	422 Bayfront DR Boynton Beach FL, 33435
registered agent and/or the new registered office addr	
Name of New Registered Agent:	DECIAN Morgan
New Registered Office Address: 43	DECIAN MORGAN  22 Bayfront DR.  Enter Florida street address
Box	Inton Beach, Florida 33435  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.

Registered Agent, Signature of New Registered Agent

Page 1 of 3

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	DECLAN Morgan	422 Bayfrort DR.	Add
		Boynton Beach FL,33	Remove
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Myr	BRADLEY HISLE	714 N. Broughton CIR	
		Boynton Beach fl, 331	136 (premove)
			☐ Ghange
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Page 3 of 3

Filing Fee: \$25.00