# 116000229255

	<u></u>
	(Requestor's Name)
	(A.1.)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Pflone #)
PICK-U	MAIL MAIL
	(Business Entity Name)
	(Document Number)
	(Boodineric Hamber)
Certified Conies	Certificates of Status
Special Instructions	s to Filing Officer:
91-95	
<u> </u>	· ·
Ę	•
7	Office Use Only
DEC -4 AM (8: 14	Some use only
07	



300306019313

12/05/17--01009--018 \*\*25.00

17 DEC -4 AH 9: DI

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MTB Consulting LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meaghan Banach
LLR Mes B Firm/Company
Firm/Company
335 Welbeck Place
Address
335 Welbeck Place  Address  St Johns FL 32259  City/State and Zip Code
City/State and Zip Code    Jacob meg bas malicom  E-mail address: (to be used for future arrival report notification)
For further information concerning this matter, please call:
Meaghan Banad at (847) 508-8355  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$25.00 Filing Fee & Certificate of Status \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$25.00 Filing Fee & Certificat

## 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

MTB	Consulting, LLC
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L16000 22</u>	Company were filed on 12/30 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	——————————————————————————————————————
(Principal office address MUST BE A STREET ADL	ORESS)
	- प्राप्त करा है जिल्ला कर के किस के कि
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	99 (2) 
R If amending the registered agent and/or reg	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
	Cu) Esp 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Tim E Banach	335 Welbeck Place Saint Johns, Fl 3225	
		Saint Johns, Fl 3225	9 Remove
			Change
			Remove
			Change
<u>.</u>	<del></del>		
			🖸 Remove
		<u></u>	Change
~ <del></del>			
			Remove
			Change
			Add
			Remove
			Change
		<del></del>	Add
			🗆 Remove
		_	Change

												<del></del>	
	<del></del>				<del></del>								
_		<del>.</del>				<del></del>							
										· · · · · · ·			
					<del></del>								
													ب ن مو
						<del></del> -					<del></del>	17 DEC	LL A
			-								_	1	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		<del></del>										Q BH	in in
									. <u> </u>			 	15.7
				· ., .								 	
			<u>-</u>	<del></del>				······································	-				
												<del></del>	
								<del></del>					
an effecti lote: If t	date, if other ive date is listed the date insert its effective date.	, the date n ed in this	iust be speci block does	fic and c not me	annot be set the ap	plicable	ate of filin		han 90 day		ig.) Pursua		
erecore The 90	d specifies Oth day afte	a delay er the re	ed effect ecord is f	ive da iled.	te, but	not a	n effect	ive time	e, at 12:	01 a.m	. on the	e earlie	r of:
		29			<u>Zø</u>	i <del>]</del> .							
ated						_							

Page 3 of 3

Filing Fee: \$25.00