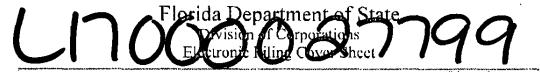
2/28/2017

Division of Corporations



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From:

: LEGALZOOM.COM INC. Account Name

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## **COVER LETTER**

	ision of Com			
SUBJECT:	NPA MAN	AGEMENT CONSULTIN	G GROUP, LLC	
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return	ı all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	<del>, , , , , , , , , , , , , , , , , , , </del>
		falmazrui@yahoo.com	to be used for future annual report no	(Corting)
For further i	nformation c	oncerning this matter, please c	•	uncapary
Cheyenne	Moseley		800 773-0888	ext. 9724
	Name o	f Person	Aren Code Daylii	ne Telephone Number
Enclosed is	a check for th	ne following amount:	•	
□ \$25,00 i	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)
				\
		ING ADDRESS:		IER ADDRESS:
	Divisio	ation Section on of Corporations	Registration Sect Division of Corp	
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive C Tallabasson FL 3	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NPA MANAGEMENT CONSULTING GROUP,		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jobility Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000027799	were filed on 02/03/2017 and assi	gned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
NPA Consulting Group, LLC		
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	, <u> </u>	22
	N	%3 <b>.</b> m
Enter new mailing address, if applicable:	Φ	
		- 20
Mailing address MAY BE A POST OFFICE BOX)	8	<del>- 33</del>
	8	===
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		if the ne
New Registered Office Address:		
Trown Troplantion Office (Tables).	Enter Florida street address	
	. Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docu	h <i>and</i> ment is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

.. .. .

MGR = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
		·.	□ Remove
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Page 2 of 3

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Mective date, if other than the date of the clicular date must be specific, cannot be put the date this document is filed by the Florida D	prior to date of receipt or filed date and cannot be more than 90 days after
Dated 2-25. 2017	
Dated 2 25. 2017	
	ature of a member or authorized representative of a member
	illure of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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