## P08000092094

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C.COULLIETTE

FEB 1 2 2009

**EXAMINER** 

## **COVER LETTER +**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: <u>LEAN ENT</u>	ERPRISE CONSUL	TING, INC
DOCUMENT NUM	MBER: <u>P08000092</u>	094	
The enclosed Articl	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
		OMAS H. AGRAIT	
	(Name o	· ·	
	LEAN ENTI	ERPRISE CONSULTING, IN	c ·
		m/ Company)	
, —		17 NW 87 WAY	or philater
		(Address)	
<del></del>	4	ARAC, FL 33321	
	(City/ Si	tate and Zip Code)	
For further informat	ion concerning this matter,	please call:	
THOMAS H. AGRAIJ		at ( <u>954</u> ) <u>258-</u>	
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check	for the following amount m	ade payable to the Florida	Department of State:
<b>∑</b> \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LEAN ENTERPR	ISE CONS	ULTING, INC	
(Name of Corporation as curren	tly filed with	the Florida Dept. of Stat	te)
P0800	0009209	4	
(Document Numb			<b>u</b>
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate A. If amending name, enter the new name of the section 607.1006,	oration:	·	Corporation adopts the
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.	," or the designation "(	Corp," "Inc," or
B. Enter new principal office address, if applie	cable:	7617 NW 87 WAY	
(Principal office address <u>MUST BE A STREET</u>		TAMARAC, FL 33321	OS TALL
			AHE E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )	BOX 550784	B-9 A TARY O ASSEE
		FORT LAUDERDALE, F	L 33355-0984 <b>bg</b>
			RATIO
			<del></del>
D. If amending the registered agent and/or re-			er the name of the
new registered agent and/or the new register	ered office add	<u>lress:</u>	
Name of New Registered Agent:			_
New Registered Office Address:	(Flori	da street address)	_
			, Florida
_		(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered A	gent:	
I hereby accept the appointment as registered opposition.			t the obligations of the
Sig	gnature of New	Registered Agent, if char	nging

(Attach add <mark>Title</mark>	<u>Name</u>	<u>Address</u>	Type of Actio
			La Remove
			Add  Remove
		<del> </del>	
;			Add Remove
provis		change, reclassification, or cancellendment if not contained in the am	
provis	ions for implementing the am		

The date of each amendment(s) adoption: 1/29/09
Effective date if applicable: 1/29/09
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_1/29/09
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
THOMAS H. AGRAIT
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)