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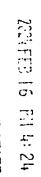
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# **COVER LETTER**

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TO: Registration So Division of Cor				-
SUBJECT:	Name of Limite	N G CAR	ESULTANTS L.	J.C.
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	Janet	Parlick		
	Nursi	name of Person  Ing Gresul tar	ts	
	740 Cami	V · · · · · · · · · · · · · · · · · · ·	lircle	
	Boca Re	atoN , Tho	rida 334863	
	Pay 96 E-mail address (to	City/State and Zip Code  75 C DX/150  be used for future annual report notific	rida 334863	*
For further information e	concerning this matter, please cal	<b>!</b> :	·	, ,
Name o	Parlick of Person	at ( <u>954</u> ) - 6 75 Area Code Daytime	- 7651 Telephone Number	; ; <u>;</u>
Enclosed is a check for the	he 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOH MURSIN	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	ny as it now appears on our records.) rabibity Company)
The Articles of Organization for this Limited Liability Company of Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ARESULTANTS L.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	740 Camino Lakes Circle Boca Raton Florida 33486 US
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	Cuy Zıp 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

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(11 an effective dai	e, if other than te is listed, the date	must be specific:	and cannot be pr	ior to date of filing	or more than 90 day	(optional) safter filing ) F	Pursuam (Tbb)	ج. 20207 5 0207
document's eff	are inserted in thi fective date on th	s block does no e Department o	of State's recor	ds.	filing requirement	is, this date w	iii not be iisi	led as
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Dated	iebrua	ny 11,	2021	<u>4</u>	ative of a member			
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