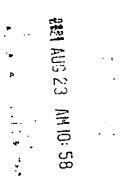
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COVER LETTER

TO:

Registration Section Division of Corporations

SURIFCT: GE	o 2030 Consul Name of Lim	TING. LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	KEVIN S	Name of Person		
		Name of Person		
	GE02	030 CONSULTING	sille	
		Firm Company		
	8112 SW	45Th LANE		
		Address		
	GAINESVIL	Vz FL 326 City/State and Zin Code	608	
	E-mail address: ()	RTELLE BECLS to be used for future annual rep	on notification)	
For further information co	oncerning this matter, please ca	all:		
<i>1</i> / -		3.~ 3	100 - 211	
Name of	NORTELLE Person	at (<u>55</u> <u>)</u> Area Code	Daytime Telephone Number	
	ch le	#/3/- (\$ -350)	sa Pila I a ca	P
Enclosed is a check for the	e following amount:	#6365 (\$52 ⁵)	DIE HER TO CONS	, only tees
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	e of Status &
N. 1911 - A.J.A				
<u>Mailing Address</u> Registration S	-	<u>Street Addı</u> Registrati	ress: on Section	
Division of Co	•		of Corporations te of Tallahassee	
P.O. Box 6327 Tallahassee, F			e of Tallanassee Aonroe Street, Suite 8	10
		Tallahasse	ee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GE	02030 CONSULTING	, LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L		May 5, 2014	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company her	<u>e</u> :	
NIA			
The new same must be distinguishable and contain the	words "Limited Liability Company," the des	agnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli			
(Principal office address MUST BE A STREI			
Timesput bijate uturess arost bis A STREE			
		.	**************************************
Enter new mailing address, if applicable:	<u> </u>	<u> </u>	-5
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		<u>-</u>	
			=======================================
B. If amending the registered agent and/or		cords, <u>enter the name c</u>	of the new registe
agent and/or the new registered office addre	ess here:	'u <u>1</u> '' y _a .	<u></u>
Name of New Registered Agent:	N/A		
N B : 16% A11	1		
New Registered Office Address:	Enter Floria	la street address	
		, Florida	Zin Code
		, Florida	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.

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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANN SHORTELLE		⊠ Add
		GAINESVILLE, FL 32608	□Remove
			□Change
			□Add
			🗆 Remove
			☐ Change
			LijAjdd * 23 ·
			Remove G G G G G G G B G G G B G G
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove

Change	of Own	ceship:	From	Kevin	Shetelle	(100%) :	
Change		To	Betri	Ann	Shortelle	(51%),	Kevin	Shutelle
								
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<u> </u>								
								58
Tective date, if or n effective date is liste: If the date inscument's effective	ited, the date mus serted in this bi	t be specific and ock does not n	cannot be pri	icable stat		han 90 days aft		
cord specifies a d s filed.	lelayed effectiv	e date, but not	an effective	time, at 1	2:01 a.m. on ti	ne earlier of:	(b) The S	90th day after
ed <u>Septe</u>	embre 7 K-	in S	2021 hatele	<u>'</u> 				
		Signature of a	nember or au	thorized rep	presentative of a	member		

Filing Fee: \$25.00