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SECRETARY OF STATE
LALLAHASSEE, FLORIDA

FILED

S. WARREN MAR 1 6 2018

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	LR LOYAL	TY LLC		
50 56 EC		Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	to the following:	
		EMANUELLE OLIVEIRA	\	
			Name of Person	
		CSG- CAPITAL SERVICE	ES GROUP, INC	
			Firm/Company	
		446 W HIILSBORO BLVI	D	
			Address	
		DEERFIELD BEACH, FL	33441	
			City/State and Zip Code	
		EMANUELLE@THEWAY		
		E-mail address: (t	to be used for future annual report notific	ation)
For further	er information co	oncerning this matter, please ca	ill:	
EMANU	ELLE OLIVEIR	RA	954 427-4770 at ()	
	Name of	Person	at ()Area Code Daytime T	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LR LOYALTY LLC		
(<u>Name of the Limited Liahi</u> (A Florid	lity Company as it now appears on our rec la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 07/16/2015	and assigned
Florida document number L15000122325	.	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
4 CONSULTING LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		rds, enter the name of the n
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	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 argument 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

or removed from our records: MGR = Manager AMBR = Authorized Member			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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			□ Remove
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F ffootis:	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
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Filing Fee: \$25.00