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COVER LETTER,

то:	Registration Se Division of Cor						
SUBJE		a Consulting Services, LLC					
SODJE	C1;	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Andrew M. Reed					
		 	Name of Person				
		Reed Mawhinney & Link,	PLLC				
Firm/Company							
1611 Harden Blvd.							
Address							
		Lakeland, FL 33803					
City/State and Zip Code							
		andy@polklawyer.com					
		E-mail address: (to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please ca	all:				
Andrev	w M. Reed		863 687-1771 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$2:	5.00 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

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
	May 16, 2017	4 4
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
lorida document number L17000108008	_·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
Mid-Florida Consulting Services, LLC		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
, ,	ECC\	
Principal office address MUST BE A STREET ADDR	<u> </u>	
	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		
		nter the name of the
. If amending the registered agent and/or regist	ered office address on our records, e	nter the name of the
. If amending the registered agent and/or regist	ered office address on our records, e	nter the name of the
. If amending the registered agent and/or registegistered agent and/or the new registered office addr	ered office address on our records, e	nter the name of the
i. If amending the registered agent and/or regist egistered agent and/or the new registered office addr Name of New Registered Agent:	ered office address on our records, e	nter the name of the
. If amending the registered agent and/or registegistered agent and/or the new registered office addr	ered office address on our records, <u>e</u> ess here:	nter the name of the
B. If amending the registered agent and/or regist egistered agent and/or the new registered office addr Name of New Registered Agent:	ered office address on our records, e	nter the name of the
	ered office address on our records, <u>e</u> ess here:	

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
Page 1 of 3

Page 1 of 3

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 Title <u>Name</u> **Address** Type of Action _□ Add _□ Remove _□ Change _□ Add _□ Remove ___ Change _□ Remove ____ Change __□ Remove _□ Change _D Add Remove Ehange _□ Change

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ffective date, if other than an effective date is listed, the date of the listed in the date ocument's effective date on the record specifies a dela. The 90th day after the	must be specific and cannot be block does not meet the Department of State's yed effective date,	ot be prior to date of filing the applicable statutory secords.	g or more than 90 days af filing requirements, t	his date wi	ill not be listed a
ated May17	20	17 <u>-</u>			
		// /		<u> </u>	17
	11/11/11				-
	Signature of members	e or authorized represen	tative of a member	- 1 m	<u> </u>
Andrew M. Reed at		ek or authorized represen	tative of a member	METARY	FIL MAY 22
Andrew M. Reed, at	uthop zed representative			AHASSEE, F	71LED 22 ₽#
Andrew M. Reed, at	uthop zed representative			AHASSEE, FLOR	FILED HAY 22 PH 12: 40

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