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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•		
SURIECT. NOWAN	ID THEN CONSULTIN	s ii c		
SOBJECT: NOVY		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
Please return all correspo	ndence concerning this matter	to the following:		
			202°	
	Processing Departme		70 2	-
		Name of Person	2022 JUL -6 A	•
		Firm/Company		
	1450 Vassar	St	M. 9. 30	
		Address		
	Reno, NV 89502			
		City/State and Zip Code		
	returndocs@incar	uthority.com to be used for future annual report notifie		
For further information c	oncerning this matter, please c	-	auou)	
Processing Departme	ent	at (800) 638-2320		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fœ	☐ \$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 (udditional copy is enclosed)	
Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporal Clifton Building		
Tallaha	issee, FL 32314	2661 Executive Cen	ter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOW AND T	THEN CONSULTING, LLC	
(Name of the Limited Liability (A Florida	(y Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/15/21	and assigned
Florida document number L21000174661	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
THEN AND N	IOW CONSULTING, LLC	W 1 C 7
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2022 1 A.I.
(Principal office address MUST BE A STREET ADDR	ZFSS)	
Frincipal office dadless in OST BE A STREET MODE		55.
		in T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>ent</u> ress here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Clorida	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

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>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			D Add
			Remove
			A C Change
			Add
			Change Change
			Add
			Remove
			☐ Change
			Remove
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change

amending any other	r information, enter change(s) here: (Attach additional sheets, if	necessary.)
		· · · · · · · · · · · · · · · · · · ·
		
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on effective date is listed to the state of the date inser	ner than the date of filing: and, the date must be specific and cannot be prior to date of filing or more than streed in this block does not meet the applicable statutory filing required date on the Department of State's records.	
	s a delayed effective date, but not an effective time, a ter the record is filed.	at 12:01 a.m. on the earlier
ated 6 2 3	3/2022	
	Signature of a member or authorized representative of a m	ember
	Ryan Deane	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00