121000395501

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · ·
(Document Number)
rtified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600372934166

2710721) PH 4:35

Colonalina

COVER LETTER

FO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Benjamin U Marsh LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	Benjamin U Marsh		
		Name of Person	<u> </u>
-	Benjamin U Marsh LLC		
		Firm/Company	
	680 SE 123rd street roda		
		Address	
	Ocala, FL 34480		
		City/State and Zip Code	
	benjamin.marsh@alumni.cg	gu.edu to be used for future annual report notif	ication)
For further information of	e-man address: 0	-	(Castott)
	8	205 4014104	
Benjamin U Marsh		at (· Telephone Number
Name (of Person	Alea Code Dayana	. retephone rumber
Enclosed is a check for t	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 Addre		Street Address: Registration Sec	rtion
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benjamin U Marsh LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 7, 2021 and assigned Florida document number L21000395501 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Perceptible Consulting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address 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 City 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		□Change	
			□Add
		•	□Remove
		□Change	

<u> </u>
•
<u>, </u>
(optional) more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
, on the earlier of: (b) The 90th day after th
ve of a member
or of a member

Filing Fee: \$25.00