L21000420433

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COVER LETTER

TO: Registration S Division of Co						
	errone Management Consulting	ı, LLC				
SUBJECT:	Name of Lin	uted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresponden	ondence concerning this matter	to the following.				
	John M. Ferrone					
		Name of Person				
	John M. Ferrone Manager	nent Consulting, INC				
		Firm Company				
	1126 Country Club Dr					
		Address				
	Hastings, Nebraska 6890	1				
		City State and Zip Code				
	jferrone'û ferroneassociates					
		to be used for future annual report non-	beation)			
For further information of	toncerning this matter, please c	all.				
John M. Ferrone		402 462-0244				
Name of Person		Area Code Dayuma	e Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25 00 Filing Fee	☐ \$30 00 Filing Fee & Centificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction			
Division of Corporations		_	Registration Section Division of Corporations			
P.O. Box 631		The Centre of T	allahassee			
Tallahassee.	FE 32314	2415 N. Monroe	Street Suite \$10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on September 23, 2021	and assigned
Florida document number L21000420433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
John M. Ferrone Management Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> 212</u>
(Principal office address MUST BE A STREET ADDRESS)		1. 2
		in the second
Enter new mailing address, if applicable:	.	- P
(Mailing address MAY BE A POST OFFICE BOX)		٤. ١
		5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new registered
Name of New Registered Agent		
New Registered Office Address		
	Enter Florida sirvet address	
	Cny.	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 Title Name <u>Address</u> Type of Action ______ Thange

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Effective date, if other than the fan effective date is listed, the date mass Note: If the date inserted in this blodocument is effective date on the De	ck does not i	meet the applic	cable statutory.	or more than 90 d filing requireme	_(optional) ays after filing.) Pr ats. this date wi	ursuant to 605.0201 Il not be listed as
e record specifies a delayed effective d is filed	date, but no	t an effective t	ime, at 12:01 a	m on the earlie	r of: (b) The 9	0th day after the
September 27		2021				
Dated September 27	Enn	·	·			
				tive of a member		

. . . .

Filing Fee: \$25.00