## h21000515913

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## **COVER LETTER**

TO:

TO: Registrat Division o				
	M CON:	SULTING LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed Artic	des of A	amendment and fee(s) are sub-	nitted for filing.	
		dence concerning this matter t		
		Michael Merino		
			Name of Person	
		Law Offices Michael Mern	io PA	
			Firm/Company	
		6741 Orange Dr		
			Address	
		Davie, FL 33314		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		mmerino@merinologal.com		
For further inform	nation cc	Fi-mail address: (t succerning this matter, please ca	to be used for future annual report no all:	tincation)
Michael Merino		,	954 321-7701	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a chec	ck for th	e following amount:		
■ \$25,00 Filing	Fec	☐ \$30.00 Fifing Fee & Certificate of Status	S55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registr		<del></del>	Street Address: Registration S	ection
Divisio	n of C	orporations	Division of Co	orporations
P.O. Be Tallaha		7 FL 32314	The Centre of 2415 N. Mon	Tallahassee oo Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -4 AM 11: 46

Ferm Consulting LLC

SECRETARY OF STATE TALLAHASSEE, FLOOR

(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 E	2/06/2021	and assigned
Florida document number 1.21000515913			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC"	or the abbreviation "E.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)			<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our	records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			<del>-</del>
New Registered Office Address:			
	Enter Fle	rida street address	
		Flo	rida
	Cüy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and Chapter 605, F	d Lam familiar with and AS, Or, if this document is

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>	Name	Address	Type of Action
AP	Michael Merino		□ Add
		6741 Orange Dr Davie, FL 33314	■Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			
			□ Remove
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Effective date	if other than	the date of	filing:						(option	nal)		
I an effective dat	is listed, the date to inserted in this	must be specifi	ic and ea	annot be r	prior to da	te of filing	or more th	han 90 da		*I* \ D	rsuant to 60	05.0207
document's eff	ctive date on the	e Department	of Sta	te's reco	ords.	Statutory	ming rec	quitemer	its, this o	date will	I not be lis	sted as 1
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e record specifi d is filed.	s a delayed effec	tive date, bu	t not ar	n effectiv	ve time, a	t 12:01 a	on th	ie carlier	)of: (b)	The 90	Oth day aft	er the
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