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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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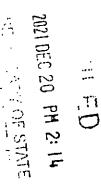
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A. RIVERS
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Donnelly Consulting LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Donnelly Name of Person)
Firm/Company
332 SE 17th Pl.
Cape Coral Florida 33990
Srd 1962 @yahoo.com E-mail address: (to be used by future annual report notification)
For further information concerning this matter, please call:
Scott Donnelly at (937) 844-3256 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee

<u>Mailing Address:</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Donally Concilties 110

(Name of the Limited Liability Com (A Florida Limite	pany as it now appe d Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number $- 121000520981$.	ny were filed on	12/09/21	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia Donnelly Quality Consultion The new name must be destinguishable and contact the words "Limited Lia			obreviation "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 officagent and/or the new registered office address here:	e address on our	records, enter the name	<u>ke ofæse new registere</u>	<u>d</u>
Name of New Registered Agent:			20	
New Registered Office Address:	Enter FI	orida street address — — — — — — — — — — — — — — — — — —	OF STAI	
	City	rioriga	\overline{Z}_{lp} $Code$	

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 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
		- ·		MAdd
			·	¹ !Remove
				_ i lChange
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				. IRemove
				: !Change

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date is listed, the	than the date of filing:(optional) be date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6.207 (3)(b)
	I in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
f the record specifies a delayer ecord is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated XDECEMBER	14 th 2021
$\times \mathcal{A}$	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

X Scott DOWNELLY Typed or printed name of signer