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(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

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Division of Cor				
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SUBJECT: 2THEC CC		· ·		
	Name of Lim	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:		
	CATHY C CAVERLY			
		Name of Person		
	2THEC CONSULTING, I		TARE C	5022 ·
		Firm/Company		2022 JUL 18
	3104 CONNEMARA DR			
		Address	mc n	AH C
	ORMOND BEACH, FL 3		E 03/15 	MH 10: 28
		City/State and Zip Code	3. 1	
	c2@2thecstudios.com	E	Carrier Carrie	
		to be used for future annual report noti	ncanon)	
For further information co	oncerning this matter, please co	all:		
CATHY C CAVERLY		at (386) 682-3653		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne 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 enclos	
Mailing Addres		Street Address:	***	
Registration S Division of C		Registration Se Division of Cor		
DIVISION OF C	Orporations	1517131011 01 001	P. 0. 4110110	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our records.) Company) iled on 08/08/2016 mpany here:	and assigned
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pany," the designation "LLC" of	the abbreviation "L.L.C."
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	da
ty	Zip Code
	Enter Florida street address , Florida ty act in this capacity. I furthermance of my duties, 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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e: If the date inserted in this block does n	ot meet the applicab	le statutory filing r	equirements, this da	ate will not b	e listed a
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cord specifies a delayed effective date, but s filed.	not an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
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ad July 13	2022				
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Cathy C Caver	les				