L22000522093

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
JAN G ARB	
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2023 JAN -6 AMII: I

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January 4, 2023

RAYMOND C SCOTT JR 18591 S DIXIE HIGHWAY #1105 CUTLER BAY, FL 33157

SUBJECT: 100K CONSULTING Ref. Number: L22000522093

We have received your document for 100K CONSULTING and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you needing to Amend the Managers zip code also? You may change on the Amendment form under Amending Authorized Person(s) address. You also need to complete part (A) to add the "LLC" suffix it was filed without that needs to be corrected.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 423A00000126

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ARTICLES OF AMENDMEN 2023 JAH -6 AH 11: 16 SECRETARY OF STATE ARTICLES OF ORGANIZATION THAN 1 OF \$18.

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100K	Consultin		<u> </u>	
(Same of the I	mited Lability Comps (A Florida Limited L	ny as it non appear Jability Company)	an our records.)	
The Articles of Organization for this Limite Florida document number <u>L 22 000</u>		were filed on	12/13/202	2 und assigned
This amendment is submitted to amend the	 Dilowing:			
A. If amending name, enter the new nam 100K Consult		lity company he	<u>re</u> :	
The new name must be distinguishable and contain the	e words "Limited Liabili	ly Company," the de	signation "LLC" or the	e abbreviation "L.IC."
Enter new principal offices address, if app		18591		
(Principal office address MUST BE A STR	EET ADDRESS)	CUTIER	BAY F	L 33157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		18591 1105 CUTIER	S Dixie	Hishway FL 33157
B. If amending the registered agent and/or ngent and/or the new registered office add	registered office ad	idress on our re	cords, enter the n	ame of the new register
Name of New Registered Agent:				j
New Registered Office Address:	1105	CUTICR	•	33157
	CUTIE	R BAY City	da strevi address Florida	33157
ew Registered Agent's Signature, if changing	Registered Agent:	City.		Zip Code
screby accept the appointment as registere		to act in this c	apacity. I further	agree to comply with

I he es relative to the proper and complete performunce 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

MGR = Ms AMBR = Au	from our records: anager uthorized Member				
Title	uthorized Member Name		Vqqtera	مج 14 وسعد	Type of Action
MGR	Raymond C	COTT	1859150'x	if Highun Culter by	A 33157 FINAL
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	other information, enter change(s) here: (Attach additional sheets, if	
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te: If the date insert	er than the date of filing: I, the date must be specific and cannot be prior to date of filing or more than 90 d red in this block does not meet the applicable statutory filing requirement ate on the Department of State's records.	nts, this date will not be list
ord specifies a delay filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earli	er of: (b) The 90th day after
· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or authorized representative of a member	•
	Knymand C Scott	
-	Typed or printed name of signee	

Filing Fee: \$25.00