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(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Co			•	•
	M. Consulting Group LLC			<i>*</i>
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Patrick Moraites			
		Name of Person	·	
	The F.I.R.M. Consulting C	Group LLC		
		Firm/Company		0221 SEC
	2107 W. Cass St. Ste. B			SEGRETA
		Address		PARTY I
	Tampa, FL 336606			25.50 30.00 10.00
		City/State and Zip Code		77
	patrick@firmconsultinggrp			L13
For further information c	t-mail address: ( concerning this matter, please c	to be used for future annual report no all:	otification)	
Patrick Moraites		813 579-7383		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		Division of Co	orporations	
P.O. Box 632 Tallahassee, l		The Centre of		0
rananassee, i	LL 04014	2415 N. Monr	oe Street, Suite 81	U

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ipany as it now appears on our records.) ed Liability Company)	
ny were filed on March 20, 2007	and assigned
ability company here:	
ability Company," the designation "LLC" o	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	E E
	<u> </u>
e address on our records, <u>enter th</u>	e name of the new registere
<del></del>	
Enter Florida street address	
, Flori	da
••••	Zip Code
nt: gree to act in this capacity. I furth te performance of my duties, and s provided for in Chapter 605, F.S cc address. I hereby confirm that i	I am familiar with and S. Or, if this document is
	e address on our records, enter the  Enter Florida street address  Cuv  Gree to act in this capacity. I further provided for in Chapter 605, F.,

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>	<u>Name</u>	Address	Type of Action
MGRM	John R. DeJong	333 W. Comanche Ave	□Add
		Tampa, FL 33604	≅Remove
			□Change
·			
			□Remove
		Change SECRETI	
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			□ Change :> □ Add
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to e Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 6	
the record specifies a delayed effective date, but not an effective time cord is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated December 5th 2022		
Signature of a member or authorize	ed representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee