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Special Instructions to	Filing Officer:	

Office Use Only



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2023 APR 24 PH 1: 13

Y. SCOTT
JUN 1 0 2023

COVER LETTER

TO:	Registration Sec Division of Corp			•			
ento ic	DUNLARIC	CONSULTING LLC					
SUBJE	CI:	Name of Lim	ted Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspor	ndence concerning this matter	to the following:				
		IVETTE G DUNLAP					
			Name of Person		•		
		DUNLAPIG CONSULTIN					
	Firm/Company						
		455 MAIN RD			Çn .ma	20	
			Address			23 A	_
		LAKE MARY FL32746			- 12	2023 APR 24 PM 1: 12	
			City/State and Zip Code		1 78	+ - 0	<u>م</u>
DUNLAPIG CONSULTING LLC Firm/Company 455 MAIN RD Address LAKE MARY FL 327-46 City/State and Zip Code DUNLAPIVGA@GMAIL.COM					1,50 1,21	<u> </u>	
For furt	her information co			and y		: 2	
IVETT	E G DUNLAP						
	Name o	f Person	Area Code Daytime	Telephone Numbe	г		
Enclose	ed is a check for th	ne following amount:					
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 F Certifica Certified (additiona	ite of Sta I Copy	itus &	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sect	ion			

Registration Section 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

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ed on JANUARY 15, 2008 and assigned
pany here:
ny," the designation "LLC" or the abbreviation "L.L.C."
2023
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TO TO
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on our records, <u>enter the name of the new registered</u>
Enter Florida street address
. Florida
Zip 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 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 **Type of Action** Title Address **Name** _____ □Change _____ □Remove Change _____ □Remove __ □Remove _____ □Change _____ □ Add

____ Change

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an effective date is ote: If the date i	other than the data listed, the date must be inserted in this block ive date on the Depar	specific and does not m	cannot be pri seet the appl	or to date of icable statu	filing or more tory filing re	(o than 90 days a quirements,	p tional) after filing.) P this date wi	ursuant to Il not be l	505.0207 isted as
record specifies a is filed.	a delayed effective da	te, but not	an effective	time, at 12	:01 a.m. on t	he earlier of	(b) The 9	X0th day a	fter the
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Filing Fee: \$25.00