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## **COVER LETTER**

TO:	Registration Sec Division of Corp		•
crib it	-	nsulting Group LLC	·
SUBJE		Name of	Limited Liability Company
The enc	closed Articles of A	Amendment and fee(s) are	submitted for filing.
Please r	eturn all correspon	dence concerning this ma	atter to the following:
		Audra Von Minden	
			Name of Person
		Tempest Consulting G	roup LLC
			Firm/Company
		611 NE 12th Ter 1	
			Address
			435
		audra@letstalkdesignar	•
		E-mail addre	ess: (to be used for future annual report notification)
For furt	her information co	ncerning this matter, plea	se call:
Audra Von Minden			561 756-0829 at ( )
	Name of	Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the	e following amount:	
<b>S</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Statu	
	Registra Divisior P.O. Bo	NG ADDRESS: ution Section n of Corporations x 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION OF

Tempest Consulting Group LLC				
(Name of the Limited	Liability Compar Florida Limited I.	iy as it now appears on iability Company)	our records.)	
he Articles of Organization for this Limited Liab orida document number				and assigned
nis amendment is submitted to amend the follow	ring:			
If amending name, enter the new name of the	he limited liabi	lity company here:		
udra LLC				
e new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the design	ation "LLC" or the a	bbreviation L.L.C."
nter new principal offices address, if applicab	ole:			SE T
rincipal office address MUST BE A STREET	ADDRESS)			S 1
nter new mailing address, if applicable:			<u>.</u>	2: 1 <b>3</b>
lailing address MAY BE A POST OFFICE BO	9X)			25
If amending the registered agent and/or the new registered office			r records, <u>enter</u>	the name of the
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
		Enter Florida si	treet address	
			Florida	
[		City		Zip Code
w Registered Agent's Signature, if changing Res	zistered Agent:			
vereby accept the appointment as registered of ovisions of all statutes relative to the proper cept the obligations of my position as registed ing filed to merely reflect a change in the resumpany has been notified in writing of this change in the resumpany has been notified in writing of this change in the resumpany has been notified in writing of this change in the resumpany has been notified in writing of this change in the resumpany has been notified in writing of this change.	and complete pered agent as pegistered office of the contract	performance of my c rovided for in Chap	duties, and Lam ter 605, F.S. Or	familiar with and . if this document is
	If Chan	uing Registered Agent	Signature of Nam D	ogistanad Agant

or remov	ed from our records:			
MGR = AMBR =	Manager Authorized Member			
Title	<u>Name</u>		Address	Type of Action
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E. Effect	tive date, if other than the date of fi	lling: (optional)  Find cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.0207.(3.Vb)
Note:	If the date inserted in this block does nent's effective date on the Department	of meet the applicable statutory filing requirements, this date will not be lis	ted as the
If the se	card chacifies a dalayed affective	data but not an offective time, at 12:01 a.m. on the early	ior of:
	e 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earled.	ier or.
Dated	August 31	2017	
154400			
	Signature of	a member or authorized representative of a member	
	Audra Von Minden		
		Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00