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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: InPursuit Consulting, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Hicks

Name of Person

InPursuit Consulting, LLC

Firm/Company

3325 Las Campos Place

Address

Tampa, FL 33611

City/State and Zip Code

inpursuitconsulting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Hicks

{"(}813、344-7203

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF C | RGANIZATION | E. |
|---|---|-----------------------------------|
| · · · · O | F | 1400 650 |
| InPursuit Consulting, LLC | | r 29, 2010 and assumed |
| (Name of the Limited Liability Compa (A Florida Limited) | ny <mark>as it now appears on our reco</mark> Liability Company) | rds.) (1356,0) 125 |
| The Articles of Organization for this Limited Liability Company | were filed on Septembe | r 29, 2010 and assigned |
| Florida document number <u>L10000101951</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| InPursuit Research Institute, LLC | | |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "I | LLC" or the abbreviation "L.L,C." |
| Enter new principal offices address, if applicable: | 3325 Las Campos | Place |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa, FL 33611 | |
| | | |
| Enter new mailing address, if applicable: | 3325 Las Campos | Place |
| (Mailing address MAY BE A POST OFFICE BOX) | Tampa, FL 33611 | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | ds, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , _ | Florida |
| | City | 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = Manager AMBR = Authorized Member | | | | |
|--|-------------|---|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
| ₹. | 2.05 Purposes. The primary purposes of the Company shall be educational |
| • | in nature including but not limited to conducting research studies, |
| | hosting discussion groups, forums, panels, lectures and similar programs |
| | as well as all other legal business. |
| | |
| (The et | ctive date, if other than the date of filing: (optional) ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) |
| Date | d Mlander |
| | Signature of a member or authorized representative of a member |
| | Melanie Hicks |
| | Typed or printed name of signce |

Page 3 of 3

Filing Fee: \$25.00