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(R€	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

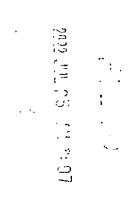
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
MLJL Ente	rprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Melissa Pous		
		Name of Person	
	CPA Partners LLC		127
	<u> </u>	Firm/Company	127 127 127 127 127
	8200-113th St N Ste 103		
		Address	
	Seminole FL 33772		
	melpottsconsulting@gmail.	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Melissa Potts		727 398-2080 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, l	FL 32314	2415 N. Monroo Tallahassee, FL	2 Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MLJL Enterprises, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/09/2011	and assigned
Florida document number L11000128071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Potts Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		, Sag
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		1
Survey and the survey of and backley		A S
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	<u> </u>	 -
New Registered Office Address:	Bu Chillian H	
	Enter Florida street address	
	, Florid	
	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.

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iote: If the date	other than the listed, the date mus inserted in this blive date on the De	ock does not n	neet the applic	able statutory	or more than S filing require	(option 0 days after fil ments, this d	al) ing.) Pursuant ate will not	to 605.020 be listed a
record specifies and is filed.	a delayed effectiv	e date, but not	an effective ti	me, at 12:01	a.m. on the ea	rlier of: (b)	The 90th da	iy after the
ated <u>JU</u>	y 20	UU (S) Signature of a	302 Sa Suy	n lat	tative of a men	iher		
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Filing Fee: \$25.00