## L13000030637

(Re	questor's Name)	
(Adı	dress)	
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	y/State/Zip/Phone	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

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cun ira	Project Cha	inge Consultants LLC				
NUBJEC	T:	Name of Lim	Submitted Filing.  Itter to the following:			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter				
		Bonnie Kurowski		:-		
		<del></del>	Name of Person	•		
		Project Change Consultant	s LLC			
			Firm/Company			
		3033 Santa Maria Ave				
			Address			
		Clermont, FL 34715				
			City/State and Zip Code			
		Bonnickurowski1@gmail.co				
		E-mail address: (	to be used for future annual report	notification)		
For furthe	er information c	oncerning this matter, please co	all:			
Bonnie K	Curowski					
	Name o	f Person	Area Code Day	ytime Telephone Number		
Enclosed	is a check for the	he following amount:				
₩ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status				
	Mailing Addres		Street Address			
	Registration S Division of C		Registration Division of 0	Section Corporations		
	P.O. Box 632			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Project Change Consultants LLC		
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number L13000030637	Liability Company were filed on $\frac{02}{2}$ .	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company ho	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	(BOX)	
B. If amending the registered agent and/or agent and/or the new registered office address.	• •	ecords, enter the name of the new register
Name of New Registered Agent:	Bonnie Kurowski	
New Registered Office Address:	Enter Floi	rida street address
	City	, Florida
New Registered Agent's Signature, if changing	•	20

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

i i

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
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Change

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