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Y. SCOTT APR - 9 2022

COVER LETTER

Registration Se Division of Cor					
LT Consulti	ing Experts, LLC			•	
CT:	Name of Limi	ted Liability Company			
losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
eturn all correspo	ndence concerning this matter	to the following:			
	Lindsay Thompson			202 2	
		Name of Person		CREE .	-
	Liberty8a (formerly LT Co			R 29	
Firm/Company			SSE PH	1	
	6416 Bridleford Dr			F. F.	
		Address		THE DO	
	Wesley Chapel, FL 33545				
	lindsav.thompson34@gmail	City/State and Zip Code		-	
			ication)		
her information c	oncerning this matter, please ca	att:			
Thompson		813 784-0066			
Name o	f Person		e Telephone Numbe	ı	
d is a check for th	ne following amount:		·		
.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie	ate of Status & — d Copy	
Registration 5 Division of C P.O. Box 632	Section Corporations 27	Division of Cor The Centre of T 2415 N. Monro	porations fallahassee e Street, Suite	810	
	her information c Thompson Name of the second sec	Division of Corporations LT Consulting Experts, LLC Name of Limitation of Amendment and fee(s) are substituted at the correspondence concerning this matter of Lindsay Thompson Liberty8a (formerly LT Co 6416 Bridleford Dr Wesley Chapel, FL 33545 lindsay.thompson34@gmail E-mail address: (6) ther information concerning this matter, please of Thompson Name of Person Name of Person of is a check for the following amount: 5.00 Filing Fee \$30.00 Filing Fee	Division of Corporations LT Consulting Experts, LLC Thambool Limited Liability Company Rosed Articles of Amendment and fee(s) are submitted for filing, eturn all correspondence concerning this matter to the following: Lindsay Thompson Name of Person Liberty8a (formerly LT Consulting Experts) Firm/Company 6416 Bridleford Dr Address Wesley Chapel, FL 33545 CityState and Zip Code lindsay.thompson34@gmail.com E-mail address: (to be used for future annual report notifing and the information concerning this matter, please call: / Thompson Name of Person Name of Person Name of Person Status Certificat Code Daytime Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monro	Division of Corporations LT Consulting Experts. LLC Name of Limited Liability Company hosed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Lindsay Thompson Name of Person Liberty8a (formerly LT Consulting Experts) Firm/Company 6416 Bridteford Dr Address Wesley Chapel, FL 33545 City8tate and Zip Code lindsay.thompson34@gmail.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: / Thompson Name of Person Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Division of Curporations LT Consulting Experts, LLC Name of Limited Liability Conquany Name of Limited Liability Conquany

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LT Consulting Experts, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe ida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited Liability	Company were filed on $\underline{0}$	5/14/2013 and assigned
lorida document number L13000070617	,	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company h	nere: S 2
iberty8a, LLC		ZZM ZZM
e new name must be distinguishable and contain the words "Li	imited Liability Company," the	designation "LI.C" or the aborevation "LI.C."
iter new principal offices address, if applicable:	6416 Bridlefor	d Dr. 🛒 🗢 🚂
rincipal office address MUST BE A STREET ADL	Wesley Chape	2 4
		For H:
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or register ent and/or the new registered office address here		records, enter the name of the new reg
Name of New Registered Agent: Lind	lsay Thompson	
New Registered Office Address: 6416	Bridleford Dr	
	Enter Flo	orida street address
Wes	ley Chapel	, Florida ³³⁵⁴⁵
	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.

f 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

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