L13000087334

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

•	ration Section on of Corpora						
SUBJECT:	LAUR	2A M.	PE7	RIE	CONS	SULT	ANT LLC
				ed Liability C			
The enclosed A	rticles of Ame	ndment and fee(s) are subn	nitted for fili	ng.		
Please return all	corresponden	ce concerning thi	s matter to	o the followi	ng:		
	-	K	ATH :	LEE N Name o	V PET	RIE	-
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	_	3953	SATI	N LE Add	AF CT	-,	
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	 -	E-mail	address: (to	be used for f	G MA I	ort notificat	ion)
For further info	rmation conce	rning this matter,	please cal	II:			
KATH	HLEEN Name of Pers	PETRI	<u> </u>	at (Arc	201 a Code	+1 - 9 / Daytime Te	16 Z.
Enclosed is a ch	eck for the fol	lowing amount:					
⊠ \$ 25.00 Filir	ng Fee □	\$30.00 Filing Fe Certificate of S		Certifi	Filing Fee & ed Copy and copy is enclose	cd)	□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 24, 2024

KATHLEEN PETRIE 3953 SATIN LEAF COURT DELRAY BEACH, FL 33445

SUBJECT: LAURA M. PETRIE CONSULTANT, LLC

Ref. Number: L13000087334

We have received your document for LAURA M. PETRIE CONSULTANT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

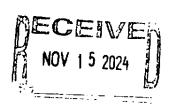
The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 924A00023453



ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

LAURA M. PETRIE CONSULTANT, LLCTer. 15 7:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on JUNE 17, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company home
LAURA MURRAY CONSUL The new name must be distinguishable and contain the words "Limited Liability	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)	EAME
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
agent and/or the new registered office address here.	
Name of New Registered Agent:	SAME
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cny zip Code
New Registered Agent's Nighattire. It 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 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>	<u>Address</u>	Type of Action
MGR	LAURA MURRAY	CAME ADDRESS	🗀 Add
	NAME CHANGED TO MARRIED NAME		□ Remove
	10 makkien memē		∑ Change
			□Add
			Remove
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Fffeet	ive date, if other than the date of filing: (optional)
(If an ef <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ecord is f	
Dated	November 12. 2024 Signature of a member of authorized representative of a member
	1/2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Signature of a member or authorized representative of a member
	LACIRA MURRA V Typed or prysted name of signee
	Typed or profited name of signee

Filing Fee: \$25.00