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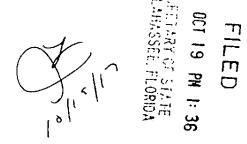
	(Requestor's Name)	
	(Address)	
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PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instructions	to Filing Officer:	
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500303402315

09/20/17--01009--014 ++25.00





September 21, 2017

NATALIE MORE 1417 SW 2ND PLACE CAPE CORAL, FL 33991 US

Ref. Number: 500303402315

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 254-6051.

Letter Number: 417A00019125

Judy A Leggett Regulatory Specialist II Registration Section

Aubora also Manana

COVER LETTER

TO: Registration Se Division of Cor					
N J More C SUBJECT:	Consulting, LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Natalie More				
		Name of Person	 -		
	N J More Consulting, LLC				
	Firm/Company				
	1417 SW 2nd Place				
		Address			
	Cape Coral, FL 33991	City/State and Zip Code			
	natalicjmore@gmail.com				
For firehor information o		to be used for future annual report notificate.	cation)		
Natalie More	oncerning this matter, please co	an: 239 564-3724			
	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	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 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

N J More Consulting, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/19/2013	and assigned
Florida document number L13000132611	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Natalie J More, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.2
(Principal office address MUST BE A STREET ADDR	ESS)	
		三 観 9 四
		19 LE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OR T
		⊕ 3 A 5
B. If amending the registered agent and/or regist		ords, enter the name of the nev
registered agent and/or the new registered office addr	<u>ess here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Man AMBR = Aut	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
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		8/15/	2017					
ective date, if other reffective date is listed,	r than the date o the date must be spec	f filing: ific and cannot	ne prior to date	of filing or more t	(optic han 90 days after	mal) filing.) Pun	suant to	605.02
te: If the date inserte tument's effective date	d in this block doe	s not meet the	applicable st	atutory filing rec	quirements, this	date will	not be	listed a
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record specifies	a delayed effec	tive date, b	ut not an	effective time	e, at 12:01 a	.m. on t	he ea	rlier
he 90th day afte								
. 8/15		2017						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00