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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Name of Person Magnanimous Consulting LLC Firm/Company 6440 Southpoint Parkway Ste 300 Address	
Name of Person Magnanimous Consulting LLC Firm/Company 6440 Southpoint Parkway Ste 300 Address	
Name of Person Magnanimous Consulting LLC Firm/Company 6440 Southpoint Parkway Ste 300 Address	
Firm/Company 6440 Southpoint Parkway Ste 300 Address	
Firm/Company 6440 Southpoint Parkway Ste 300 Address	
6440 Southpoint Parkway Ste 300 Address	
Address	
JackSullyme FL 32210	
City/State and Zip Code brian.lind@magnaco.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brian Lind 772 633-8065	
at () Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$ \$25,00 Filing Fee \$ \$30.00 Filing Fee & \$ \$55.00 Filing Fee & \$ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py

MAILING ADDRESS:

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Registration Section

Division of Corporations

TO:

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

Magnanimous Consulting, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liab orida document number L14000027957		and assigned
is amendment is submitted to amend the follow		
If amending name, enter the new name of the	ne limited liability company here:	
e new name must be distinguishable and contain the word	Is "Limited Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	
rincipal office address MUST BE A STREET	ADDRESS)	
ter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BO	<u></u>	
If amending the registered agent and/or	registered office address on our records, en	ter the name of the
gistered agent and/or the new registered offic	• • • • • • • • • • • • • • • • • • • •	75. X
		開発を
Name of New Registered Agent:		E M
New Registered Office Address:		
	Enter Florida street address	> ω
	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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR ————	Brian Lind	6440 Southpoint Parkway Ste 300 Jacksonville FL 32216	<u>~</u> ■ Add
			☐ Remove
	Christopher M Pepin		Change
			Add
			Remove T
			☐ Change
			D Add
			☐ Remove
			_
			□ Remove
			Change
			□ Add
			☐ Remove
			_ Change
			Remove
			☐ Change

). If amending any other info	rmation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
are		
F. Effective date, if other than	10/29/2019 the date of filing:	(ontional)
Note: If the date inserted in the	n the date of filing: e must be specific and cannot be prior to date of filing or monis block does not meet the applicable statutory filing the Department of State's records.	re than 90 days after filing.) Pursuant to 605.0207 (3)(b) requirements, this date will not be listed as the
If the record specifies a del (b) The 90th day after the	ayed effective date, but not an effective ti record is filed.	me, at 12:01 a.m. on the earlier of:
October 29	2019	
j. Uu	Signature of a member or authorized representative of	of a member
Christopher M Pe	epin, Former MGR	

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Typed or printed name of signec

Filing Fee: \$2600