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COVER LETTER

то:	Registration Section Division of Corpo			
SUBJE	ст: <u> </u>	<u>cenfidence</u> J Name of Limi	Mage Consulting ted Liability Company	ng, LLC
The enc	losed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspond	ence concerning this matter t	to the following:	
		Kristie Ke	ennedy Ward Name of Person	,
			Firm/Company	
		P. O. Box	C 6464 Address	
		Info@Knishi+	City/State and Zip Code Code	tion)
For furt	her information con	cerning this matter, please ca	,	
k	Stistie 1 Name of P	Kennedy M	ard at (850) 210.	7/6 4 elephone Number
Enclose	d is a check for the	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

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 1 + (\coo	i		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CUCLNFUGENCE THOUGH CONSULTING The new name must be distinguishable and contain the words "Limited Idability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the megistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
A. If amending name, enter the new name of the limited liability company here: CUCENFIGURE TMAGE UNSULTING UNSULT UNSULT	Florida document number <u>L14000039251</u> .		
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Enter Florida street address, Florida	New Registered Office Address:		
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			, Florida

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 = M $AMBR = A$	lanager authorized Member	17	FILED
<u>Title</u>	<u>Name</u>	Address SEUT	JAN 12 PM 4: 31 Type of Action ALLARY OF STATE ALLASSEE, FLORIDA Add
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e record specifies a delayed effective date, but not an effective time, at 3 The 90th day after the record is filed.	2:01 a.m. on the earlier of
pated <u>faruary</u> 12, 2017. Fritte <u>Kennedy War</u> Signature of a prember or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00