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## **COVER LETTER**

ΓΟ: Registration Se Division of Cor					
ounusar Calta (	Consulting,LLC				
SUBJECT:Calla (		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Kristen Calta			
	Name of Person				
	С	alta Consulting, LLC			
Firm/Company			ت <u>ال</u> اب	7021	
2313 Long Green Ct.			VLL VLL	o ∨	
		Address		27	
	Valrico FL 33596			EP 27 PH 4: 49	
		City/State and Zip Code		AIS A: 4	
	kris	stencalta@gmail.com to be used for future annual report notif	- Indian	TE 9	
For further information c	en-man address. (	·	ication)		
Krister	n Calta	at (_813)_417-854	.8		
Name o	f Person		Telephone Number	_	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	XI \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing  Certificate of  Certified Cop  (additional copy)	Status &	
Mailing Address		Street Address:	otion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Jonsulting, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)	
		02-24-2016	and assigned
lorida document numberCP 575 G			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limite	ed liability company h	ere:	. na
Kristen Calta, LLC			021
he new name must be distinguishable and contain the words "Limite	d Liability Company," the c	lesignation "LLC" or the abb	Prvia Par "L.L.O.
nter new principal offices address, if applicable:		<b>&gt;</b> 五 次 -	27
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>	[1]	
		ूंगा <sub>र</sub> -	<del></del>
			시 <b>1</b> 년
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our r	ecords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
<del>-</del>	Enter Flo	rida street address	
	t number		
<del></del>	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>	Address		
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effectiv <u>e:</u> If th	date, if other than the date of the date is listed, the date must be specified attention in this block does is effective date on the Department	fic and cannot be prior to not meet the applica			filing.) Pursu	
	d specifies a delayed effect th day after the record is f		an effective ti	me, at 12:01 a	.m. on th	e earlier
ed	September, 24	2021	<b></b> ·			
		Krute	Latt			
	Signature	of a member or author	rized representative of	f a member	<del></del>	
			n Calta			

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