## L14000174858

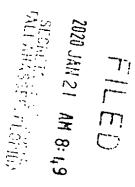
(Requestor's Name)	
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## **COVER LETTER**

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:		NAL CONSULTING SERVI	CES, LLC	
Sobate 1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returr	ı all correspoi	ndence concerning this matter	to the following:	
		BRUCE MESNEKOFF		
			Name of Person	
		EDUCATIONAL CONSU	LTING SERVICES	
			Firm/Company	
		2660 CYPRESS RIDGE B	LVD #101	
			Address	
		WESLEY CHAPEL, FL 3:	3544	
			City/State and Zip Code	
		BRUCE@TRUSTARROW		•
			to be used for future annual report notif	ication)
For further is	nformation co	oncerning this matter, please co	all:	
BRUCE ME	SNEKOFF		813 495-5872 at ()	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a	a check for the	c following amount:		
■ \$25.00 I	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)
	iling Address gistration S		<u>Street Address:</u> Registration Sec	rtion
	vision of Co		Division of Con	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDUCATIONAL CONSULTING SERVICES, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	on 11/10/2014 and assigned
Florida document number 1.14000174858	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability comp	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	20
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	2011
<del></del>	. 7
. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
gent and/or the new registered office address here:	<b>9</b>
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	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 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>	Address	Type of Action
MGR	ANNE MARIE BOOKER	2660 CYPRESS RIDGE BLVD #101	■Add
		WESLEY CHAPEL, FL 33544	□Remove
			□Change
AMBR	BRUCE MESNEKOFF	2660 CYPRESS RIDGE BLVD #101	□ Add
		WESLEY CHAPEL, FL 33544	Remove
			<b>=</b> Change
			🗀 Add
		<del></del>	□Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
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lf an efl <u>Note:</u>	ive date, if other than the date of filing:
e recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	JANUARY 10 2020
	f sa
	Signature of a member or authorized representative of a member