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(Requestor's Name)	,
(Address)	,
(Address)	•
(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2020

DAVE G. OHSER 14539 COYOTE RD. HUDSON, FL 34669

SUBJECT: ALOFT AND SALES LLC

Ref. Number: L14000180881

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

If amending the Officers and/or Directors, enter the "TYPE OF ACTION" for each officer/director listed.

Please return 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) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 020A00012811

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALOFT AND SALES LLC		
(<u>Name of the Uimited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/21/2014	and assigned
Florida document number L14000180881		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
P&Y Consulting LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	s)	· · · · · · · · · · · · · · · · · · ·
		920
Enter new mailing address, if applicable:		22
Mailing address MAY BE A POST OFFICE ROX)		
		08
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our vecords, <u>enter th</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	de
	City	Ziv 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, enter the fitte, 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
AR	Beck, Petra	Schelinhauser Str. 11	□Add
		Feldatal Germany, 36325 DE	Remove
			□Change
MGR	Beck, Petra	Schellnhauser Str. 11	Xidd
		Feldatal Germany, 36325 DE	□Remove
			□Change
			□Addi
			□Remove
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effective d	e, if other than the date to is listed, the date must be s ato inserted in this block o	pecific and cannot be pr	ior to date of filing o	r more than 90 days after	r filing.) Pursuant to 605.0 is date will not be listed
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Filing Fee: \$25.00