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318/24

COVER LETTER

Division of Corporations Straight Line Consulting LLC (dba Catalyst Business Consulting Group) SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Ruqus Jr. Name of Person Firm/Company 2005 Oak St Address Melbourne Beach, FL 32951 City/State and Zip Code steve@catalyst4businesses.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Rugus Jr. Davtime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is ench

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Straight Line Consulting LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company)	,
	3/30/2015	4:4
The Articles of Organization for this Limited Liability Compar	ly were filed on	and assigned
Florida document number L15000055678		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
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)		
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		्रा सङ्गा । संदर्भ
3. If amending the registered agent and/or registered office	e address on our records, <u>enter t</u>	
gent and/or the new registered office address here:		10° C
		(, ¹⁷⁵ 5) 3 (+1) 3 (+1)
Name of New Registered Agent:		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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New Registered Office Address:		一点 39
	Enter Florida street address	
	. Flo	rida
	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
Officer	Terri Ruqus	2005 Oak St Melbourne Beach, FL 32951	≅ Add
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			□Change
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ocument's effective date	on the Department	of State's records		J ,	,	<u></u>	ယ္	
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February 22		2024						
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	Signature	of a methbor or author	orized representat	ive of a member			· · ·	