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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

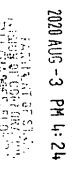
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUDTECT.	The Tine	es Consulting From 1	10.00	
SUBJECT:	Name of Lim	es Congulting Firm, Lited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mined for tiling		
Please return all correspo	ndence concerning this matter	to the following:		
		Micheal Times Name of Person		
		Name of Person		
		Firm Company		
	1160 11	IT. I A No.		
		Address		
	Bn	City/State and Zip Code		
	Fisher address: 1	to be used for future annual report not	ricidion)	
For further information co	oncerning this matter, please ca			
Michell	Thes	at (352) <u>1</u> 105 0	2598 67 352 279 - Ce601 e Telephone Number	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of T	•	
Tallahassee, I			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Thes Consulting (Name of the Limited Liability Company) (A Florida Limited L The Articles of Organization for this Limited Liability Company) Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	From LLC ay as it now appears on our records.) ability Company) were filed on	2020 AUG -3 PH US 24 WISLEN OF CORPORATION WILL AFFISAGE, FLOOR OF CORPORATION OF CORPORAT
A. If amending name, enter the new name of the limited liabi	From ILC "Coo	aching")
The new name must be distinguishable and contain the words "Limited Liabili	ty Ompany," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1190 HII Hower Div	<u>e</u>
(Principal office address MUST BE A STREET ADDRESS)	Brownile, FC 346	<i>О</i> Ч
Enter new mailing address, if applicable:	1190 Hill Flawer Bin	·e
(Mailing address MAY BE A POST OFFICE BOX)	Brussille, Fr. 346	04
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the r</u>	name of the new registered
New Registered Office Address:		
	Enter Plovida street address	
	, Florida	Zip Code
	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

Title	<u>Name</u>	Address	Type of Action
	-		
			□Remove
			☐ Change
			
			□Remove
			L_Change
			□Add
			□Remove
			Change
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effecti <u>e:</u> If	date, if other than the date of filing:)5.0207 :ted as
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ed	July 28th, 2020	
	Signature of a member or authorized representative of a member	
	Section 1 of the section of the sect	