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Office Use Only



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SECRETARY OF STATE
TALL AMASSEE, FL

COVER LETTER

TO: Registration Sec Division of Corp		•	÷
SUBJECT: WOT	oldobusique	79110	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Amendment and fec(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Patrick M	1cBpide Name of Person	
	McBeide	Consulting 60	up, LLC
	2292 00	blonial Rd. St	e. 201-114
	Ft. Picec	e F 3495 City/State and Zip Code	Q
	PMCDRide E-mail address: (16	be used for future annual report notifi	smail.com
For further information ed	oncerning this matter, please ca	И:	
Patrick M	CBRICE	at 772 631 Area Code Daytime	- 5025 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	Œ∕\$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 Address		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

world physique 70	ILLC
(Name of the Dimited Liability Co	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1500014229</u>	Spany were filed on $08/19/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
McBride Consulting Gran The new name must be distinguishable and contain the lords "Limited"	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	2222 Colonial Rd. Ste. 201-116 5 Ft. Pierce, Pl 34950
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2222 (donial Pd. Str. 201-114 Pt. Pierce, Fl. 349508
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new resistered
Name of New Registered Agent: Lege	aline Corporate Service Fighting
New Registered Office Address: 471	Enter Florida street address
كمدلا	SONVILO . Florida 32202
New Registered Agent's Signature if changing Registered As	pent:

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.

Tik Treutlein

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
7	Paterce McBerde	2222 Colonial Rd. Ste 20	ارلار ا \ الم
		Ft. Pierce FL 34950	□Remove
			Change
	Luisa McBeide	2222 Colonial ed. st 20	114 1 [BAdd
	FA. Pierce, Fl 34950	□Remove	
		Change	
			□Add
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D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	date, if other than the date of filing:
If the record spec record is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/21/22
_	Single of a park
	Signature of a member or authorized representative of a member
_	LUISA MC GRIDE Typed or printed name of signce

Filing Fee: \$25.00