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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2016

ALLISON P. MCGOWN 1621 E 4TH AVENUE #103 TAMPA, FL 33605

SUBJECT: WEDNESDAY CONSULTING, LLC

Ref. Number: L15000180616

We have received your document for WEDNESDAY CONSULTING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00016590

## **COVER LETTER**

Division of Corporations
SUBJECT: Nednesdy Consulting, LLC 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:
Alison McGown
Wednesday Consulting, LLC Firm/Company
W21 E 4th AVe #103 Address
TAMPA, FL 33U05  City/State and Zip Code
WANESON SULTING LC O MAIL · LOM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alison Mydown  at She 720 815  Area Code Daytime Telephone Number To
Enclosed is a check for the following amount:  \$\begin{align*} \text{S25.00 Filing Fee} \text{S30.00 Filing Fee & Certified Copy} \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

vveanesally consult	ing LLC	<u> </u>
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	as it now appears on our records.) ibility Company)	m 10-23-15
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number 45000 90016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "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 ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		72
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our records, <u>e</u>	SS 2
Name of New Registered Agent:		
New Registered Office Address:		: 24 RIDA
	Enter Florida street address	
	, Florid	a
	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 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
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	V	Art B	Remove
		TAMPA, FL 33417	☐ Change
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Filing Fee: \$25.00