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DEPARTMENT OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEC 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:
Nicky Collins Name of Person
NEC Consulting
9398 Windam Way
Tallahassee, FL 32312 City/State and Zip Code
E-mail address: (to be used for future annual feport notification)
For further information concerning this matter, please call:
Nicky Collins at (850) 510-0044 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (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 TO ARTICLES OF ORGANIZATION OF



iability Company as it now appears on our records. 2/2/15 The Articles of Organization for this Limited Liability Company were filed on Florida document number L 15000 201 436 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 = Authorized Member Address Type of Action Title Name Add ☐ Change AMBR Lakeisha Salvant _□ Add ☐ Remove Change _□ Add ☐ Remove □ Remove _□ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change

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Effective date, if other fan effective date is listed, the Note: If the date inserted document's effective date	ne date must be specifi in this block does	ic and cannot b not meet the	e prior to date o applicable stat	f filing or more th	(optionian 90 days after fuirements, this	iling.) Pursuant to	605.0207 (3)(b) listed as the
e record specifies a The 90th day after			ut not an e	fective time	, at 12:01 a	.m. on the ea	arlier of:
Dated December	15	7 20	15				
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Page 3 of 3

Filing Fee: \$25.00