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COVER LETTER

Division of Cor				
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SUBJECT: 1715	Name of Lim	nited Liability Company		
		, ,		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kevin M	Name of Person		
	•	Name of Person		
		Firm/Company	(6,	28
	, .	• •		.021 APR 22
	6997	Big Woods Drive		PR .
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	Todlahasier	e/FL/32309	CONSTANTA	PH 1:25
		City/State and Zip Code		2
	Kenn mistr E-mail address:	City/State and Zip Code y@hotmail.com to be used for future annual report noti	ification)	رن د
For further information co	oncerning this matter, please c		,	
Kevin Mi	ictra	at (850) 1/04-	3790	
Name of	f Person	at (850) 364- Area Code Daytim	e Telephone Number	
Enclosed is a check for the	o fallowing amount			
	•	There are the second	C 600 00 000	r
区 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional cop	f Status & py
Mailing Addres		Street Address:		
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Division of C P.O. Box 632	=	Division of Cor The Centre of T	•	
Tallahassee, F			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Disc Golf Nini	já
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (
Florida document number <u>L15000210122</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Consultler LLC	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7021 SEC
(Principal office address MUST BE A STREET ADD	RESS)
	222
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	25
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	THE TOTAL DIVECT SHOWS CAD
	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
		,	□Add
			□Remove
			2021 Apr 22 Add To
			2021 APR 22 PN 1
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of fil If the date inserted in this block does not meet the applicable statuto	ling or more than 90 days af	ter filing.) P		
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ord specifies a delayed effective date, but not an effective time, at 12:0 iled.	of a.m. on the earlier of:	(b) the	90th day	atter
0 1) 20th				
1 April 20th, 2021.				
Signature of a member or authorized representation of the state of the				