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## COVER LETTER

**Registration Section** 

TO:

Div	ision of Cor	porations			
		ROW CONSULTING, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		RAY CARROW			
		•	Name of Person		
			Firm/Company		
	4302 HOLLYWOOD BLVD., STE. 213				
	1704	•	City/State and Zip Code	• .	
		E-mail address: (	to be used for future annual report noti	fication)	
For further in	nformation c	oncerning this matter, please c	all:		
RAY CARE	ROW		954 213-4798 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	entations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAY CARROW CO	ONSULTING LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	The second secon		
The Articles of Organization for this Limited Liability Company Florida document number L16000078455	were filed on <u>04/15/2016</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	vility company here:			
CARROW CONSULTING, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	CARROW CONSULTING, LLC			
(Principal office address MUST BE A STREET ADDRESS)	4302 HOLLYWOOD BLVD STE 213			
	HOLLYWOOD, FL 33021			
Enter new mailing address, if applicable:	CARROW CONSULTING, LLC			
(Mailing address MAY BE A POST OFFICE BOX)	4302 HOLLYWOOD BLVD STE	213		
	### ### ### ### ### ### ### ### ### ##			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		nter the name of the new		
	. Florid	la.		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is		

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 Title Title <u>Name</u> **Address** Type of Action □ Add \_□ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove Change □(Adil ☐ Remove ☐ Change

amending any other	1	ter change(s) here:		-		
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	Now Signatur	re of a member or authori	zed representative of	a member		
RAY CARR		0 0 1	zed representative of	a member HM	- b	
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Filing Fee: \$25.00