## L1600009Z110

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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SECRETARY OF STATE OF

## **COVER LETTER**

	Registration Se Division of Cor			
enun irez		CONSULTING LLC		
SUBJEC	:I:	Name of Lim	ited Liability Company	<del></del>
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Christopher W. Heidrick		
			Name of Person	
		HEIDRICK CONSULTIN	IG LLC	
			Firm/Company	· · ·
		1648 Periwinkle Way, Sui	te F.	
			Address	
		Sanibel, F1, 33957		
			City/State and Zip Code	<del></del>
		chris@sanibelinsurance.com		
For furth	er information c	r-mail address: ( oncerning this matter, please c		ancadon
Christop	her W. Heidrick		239 579-0660	
••	Name of Person		Area Code Daytii	me Telephone Number
Enclosed	is a check for th	he following amount:		
<b>■</b> \$25.0	00 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)
	Mailing Addres		Street Address:	agetion.
	Registration ? Division of C		•	
	P.O. Box 632	2.7	Name of Person  LLC  Firm/Company  E  Address  City/State and Zip Code be used for future annual report notification)  :  at (239   579-0660)   Daytime Telephone Number  □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEIDRICK CONSULTING LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company velocida document number $\frac{L16000092110}{L16000092110}$ .	were filed on 05/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	tity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "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)		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	

## 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.

City

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
MGRM	Lisa W Heidrick	1648 Periwinkle Way, Suite E	
		Sanibel, FL 33957	■Remove
			□Change
MGR	Lisa W Heidrick	1648 Periwinkle Way, Suite E	<b>=</b> Add
		Sanibel, Fl. 33957	□Remove
			[]Change
AMBR	Heidrick Family Trst. UAD 2/19/21	1648 Periwinkle Way, Suite E	■Add
		Sanibel, FL 33957	
			Change
			□ \text{\text{dd}}
			Remove
			🗆 🗆 Add
			□Remove
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ffective date, if other an effective date is listed, t (ote: If the date inserted ocument's effective date	d in this block do	es not meet th	e applicable	ate of filing or statutory fili	more than 90 ong requirem	_ (optional) ays after filing ents, this date	) .) Pursuant to 60 : will not be lis	5,0201 ted as
record specifies a delay Lis filed.	ed effective date.	but not an eff	ective time.	at 12:01 a.m	, on the earli	er of: (b) Th	he 90th day aft	er the
August 16		202	2					
aicu			·					
	9			•		. <u>.</u>		
_	Signat	ure of a member	r or authorize	d representativ	e of a membe	r		
Christopher V	V. Heidrick, MG	R						

Filing Fee: \$25.00