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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

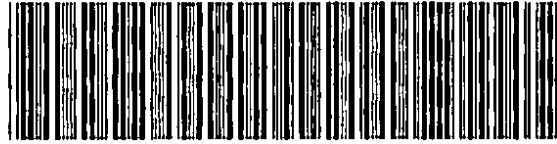
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COVER LETTER

Registration Section
Division of Corporations

LAYHAM GROUP BIZ CONSULTANTS, LLC

ECT: _____
Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

: return all correspondence concerning this matter to the following:

FRANCESCO TUOZZOLO

Name of Person

LAYHAM GROUP BIZ CONSULTANTS, LLC

Firm/Company

8335 NW 68th ST

Address

DORAL, FL 33166

City/State and Zip Code

info@tbhg.biz

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

ANCESCO TUOZZOLO

786 325-8178

Name of Person at (_____) _____
Area Code Daytime Telephone Number

losed is a check for the following amount:

- ☐ \$25.00 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAYHAM GROUP BIZ CONSULTANTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05 / 25 / 2016 and assigned
da document number L16000101772.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

LAYHAM GROUP LLC

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)

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

City

Florida

STATE OF
FLORIDA
SECRETARY OF
STATE

2022
JAN - 1

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

= Manager
R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Effective date, if other than the date of filing: _____ (optional)

note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

OCTOBER 10

2022

dated

Signature of a member or authorized representative of a member

FRANCESCO TUOZZOLO

Typed or printed name of signee