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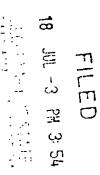
| (Requ | estor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | • | |
|-----------------------------------|---|---|---|
| | LING GROUP, LLC | | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspondent | ondence concerning this matter t | to the following: | |
| | JAMES LENNIE | | |
| | | Name of Person | |
| | J & S BILLING GROUP, | LLC | |
| | | Firm/Company | |
| | 14469 SERENOA DRIVE | ≣ | |
| | | Address | |
| | JACKSONVILLE, FL 322 | 258 | |
| | JIM@JSBGLLC.COM | City/State and Zip Code | |
| | | o be used for future annual report notif | ication) |
| For further information of | concerning this matter, please ca | II: | |
| JAMES LENNIE | | 904 343-5391 | |
| Name o | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 JUL -3 PM 3:54

J & S BILLING GROUP, LLC

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

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Con | npany were filed on 6-15-2016 | and assigned |
|---|---|------------------------------|
| Florida document number L16000115621 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| ELLYS CONSULTING & MANAGEMENT, LLC | | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRE. | <u>(SS)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | | enter the name of the ne |
| registered agent and/of the new registered office address | on merc. | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| , <u>, ,</u> | , Floi , Citv | rida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager JUL -3 PH 3: 54 AMBR = Authorized Member **Type of Action Title Address** Name □ Add ☐ Remove _□ Change _□ Add _□ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| ective date, if other than the d | ate of filing: | (optional) |
| effective date is listed, the date must b | e specific and cannot be prior to date of | Filing or more than 90 days after filing.) Pursuant to 605.020 utory filing requirements, this date will not be listed a |
| ument's effective date on the Dep | | |
| | | |
| | | fective time, at 12:01 a.m. on the earlier |
| he 90th day after the recor | d is filed. | |
| June 19th | 2018 | |
| ed | | |
| | in/ | |
| Si | gnature of a member or authorized rep | resentative of a member |
| | / / | |

Page 3 of 3

Filing Fee: \$25.00