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COVER LETTER

Division of Co			
	NSULTING, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRIAN CELLARY		
	Finu/Company 6350 NW 23 rd Street Address Boca Raton, FL 33434 City/State and Zip Code Brian . (ellary 20 gmail com E-mail address: (to be used for future annual report notification) r further information concerning this matter. please call: RIAN CELLARY Name of Person Area Code Daytime Telephone Number		
		Figu/Company	
	6350 NW 2.		
		, , , , , , , , , , , , , , , , , , , 	
		City/State and Zip Code	
	Brian . (ellary E-mail address: (Degmail.com to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
BRIAN CELLARY		201 805-1098 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee			

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

(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our re- Liability Company)	cords.)	
		were filed on	and ass	signed
lorida document number L16000128405				
his amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LL.C" or the abbreviation L	, .L.C."
amendment is submitted to amend the following: amending name, enter the new name of the limited w name must be distinguishable and contain the words "Limited new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRES new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: BRIAN C 6350 NW		6350 NW 23rd St.		- سنت له
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33434	1	<u> </u>
			-	
nter new mailing address, if applicable:		6350 NW 23rd St.	ר	÷ ? ⊋
Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33434		<u></u>
		.		
			ords, <u>enter the name</u>	of the r
Name of New Registered Agent:	BRIAN CELL	ARY	<u> </u>	
New Registered Office Address:	6350 NW 23rd	St.		
		Enter Florida street aa	ldress	•
	Boca Raton		, Florida <u>33434</u>	
		City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORGE KOCHER	701 US HWY ONE, STE 402	
		NORTH PALM BCH, FL 33408	■ Remove
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