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COVER LETTER

	Registration Se Division of Cor				
cup iec		Strong Foundation Consultant	Services, LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		James Dixon			
		<u> </u>	Name of Person		
			Firm/Company		
		2014 Plantation Key Circle	Circle #104		
	Address				
		Brandon, Florida 33511			
			City/State and Zip Code		
		dixonvsp@gmail.com			
		E-mail address: (to be used for future annual report notif	fication)	
For furth	er information co	oncerning this matter, please ca	all:		
James D			301 800-4647		
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$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 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

Building A Strong Foundation Consultant Ser	rvices, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on July 20, 2016	and assigned
Florida document number L16000139539		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain	ited 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 ADDR	<u>PESS)</u>	
		three arm
Enter new mailing address, if applicable:		ယ ္ပြဲခ်ိန္ပြဲ
(Mailing address MAY BE A POST OFFICE BOX)	 	₹ ‡4 0
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
B. If amending the registered agent and/or registered agent and/or the new registered office address.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ddress on our records, enter the name of the news
	 '	
	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, 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
MGR	James Dixon	2014 Plantation Key Circle #104	_ ⊑ Add
		Brandon, Florida 33511	Remove
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an effective date: ote: If the date	inserted in this	must be specific a s block does no	and cannot be proof the app	ior to date of filing licable statutory	or more than 90 d		
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	700	Signature of	a member or au	thorized represent	ative of a member		W 2.

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Filing Fee: \$25.00