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COVER LETTER

Division of Co			. · · · · · · · · · · · · · · · · · · ·
SUBJECT: ME	RLIND CONS	ULTING SERVICE	es ll
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HENRY	T- STEWIN (GER
	MRRLING	Pirm/Company	SEENICES ILL
(additional copy is enclosed) Certified Copy			
	PALM BE H.J. STE	City/State and Zip Code EINING FR @ CO	FL 334B MCAST, WET
For further information c			ication)
HENRY Name o	J STEININGE Person	at (703) 919- Area Code Daytime	- 2093 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &

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

MERLINO CONSULTING SERVICES 11C

(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 Company were filed on _______________________________and assigned

Florida document number 116000 1400 77.

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ted liability company her	<u>:</u> :
H.J. STEININGER & CO	MPANY LLC	anation "I I C" or the abbrariation "I I C"
	teu maomy Company. The des	gnation T.E.C. or the appreviation T.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u> </u>	
		77. 77.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	SS. ™
		77 75 D
Name of New Registered Agent: New Registered Office Address:		
New Registered Office Address.	Enter Florid	a street address
		Cloude
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	ind agree to act in this ca implete performance of m ent as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Changing Registered Agen	t, 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
			□Add
		<u>. </u>	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
ie recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	JUNE 26, 2023
	Hu J. Sturings Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member