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# L16000178959

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	(Document Number)
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### **COVER LETTER**

Division of Cor			
SUBJECT:	DHESOURCE (Name of Lim	OSSULTING PRO ited Liability Company	OFESSIONALS, LL
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NOREK TI	Name of Person	
	ONESOLIE	CONSULTING PR	OFESSIONALS, LLC
	3920 VER	SAILLES DR. Address	<u>.</u> .
	TAMPA F	City/State and Zip Code	
	<u>E-mail address: (</u>	1 757 @ g Mq. 1. Co	fication)
For further information co	oncerning this matter, please c	all:	
Noner Neme o	Person	at ( <b>§13</b> ) <u>977</u> Area Code Daytim	1845 ne Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction

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

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	Pears on our records.)
(A Florida Limited Liability Compar	y)
The Articles of Organization for this Limited Liability Company were filed on	9 26 2016 and assigned
Florida document number <u>L160 00178959</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	: -:
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	Ch
	<del>اسّان کی استان کی ا</del> استان کی استان کی است
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	m. da

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	ALAN NEWMAN	3918 AMERICANA DR	<b>X</b> Add
		TAMPA, FL 33634	□Remove
			-
AMBR	Skyla NEWMAN	3910 VERSAILLES DR	<b>X</b> Add
		TAMBA, FL 33634	□ Remove
			□Change
AMBR	Nicola Stevieror	O 3918 AMERICANA DR	;ZAdd
		TAMPA, FL 33634	□Remove
			□Change
			□ Add
			Remove
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			□Remove
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<u>te:</u> If t	he date inserted	than the date ne date must be spe in this block do on the Departir	es not meet t	he applicable	202 de of filing or ne statutory filing	grequirement	<b>optional)</b> s after filing.) Pu s. this date wil	rsuant to 605.020 I not be listed a
cord sp s filed.	ecifies a delaye	ed effective date.	. but not an ef	ffective time, a	at 12:01 a.m. e	on the earlier	of: (b) The 90	Oth day after the
	<u> 2 Oc</u>	totxs	, _2	02A.				
ed		Mell-						
ted		Signat Varia			representative	of a member		