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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor							
SURIE		Isom Consultant Group, LLC						
Name of Limited Liability Company								
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspon	ndence concerning this matter	to the following:					
		Sebastain Johon Isom						
			Name of Person					
	Isom Consultant Group, LLC							
			Firm/Company					
	6344 Lambert In							
Address								
New Port Richey, FL 34652								
City/State and Zip Code								
	isomconsultantgroup@gmail.com							
			to be used for future annual report notifi	ication)				
For fur	ther information co	oncerning this matter, please ca	all:					
Sebast	ain Isom		727 203-0814					
	Name of	f Person	at () Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	e following amount:						
■ \$ 2:	5.00 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

Isom Consultant 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 Company were filed on 11/23/2016 and assigned Florida document number _L16000214454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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

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ective date, if other the effective date is listed, the te: If the date inserted in	date must be specific	and cannot be pri	or to date of fi	ing or more than	90 days after fi	ling.) Pursu	ant to 60	05.02
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record specifies a d			not an effe	ctive time, a	t 12:01 a.i	m. on th	ie earl	lier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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

Title	Name	Address	Type of Action
AMBR	Sebastain Johon Isom	6344 Lambert In	🖆 Add
		New Port Richey, FL 34652	Remove
			Change
MGR	Sebastain John Isum	6344 Lambert La	□ Add
		New Brt Rioley FL 34652	□ Remove
			Change
			Add
			Ratiove RATION Change
			Property Pro
			□ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
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