L16000214454

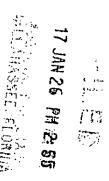
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO		istration Sec ision of Corp						
CIII	DIECT.	Isom Consu	ltant Group, LLC					
SUBJECT:Name of Limited Liability Company								
The	enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Ple	ase return	all correspor	ndence concerning this matter t	to the following:				
			Sebastain Isom					
				Name of Person	and the state of t			
Firm/Company								
			6344 Lambert In					
				Address				
			New Port Richey, FL 3465	2				
				City/State and Zip Code				
			isomconsultantgroup@gmai					
			E-mail address: (t	o be used for future annual report notification	ation)			
For	further is	nformation co	oncerning this matter, please ca	ıll:				
Sel	bastain Is	om		727 203-0814 at ()				
		Name of	Person	Area Code Daytime T	elephone Number			
Enc	closed is a	a check for th	e following amount:					
	\$25.00 F	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		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	bility Company were filed on 11/23/2	016 and assigned
Florida document number L16000214454	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE B	<i>OX</i>)	1
		\$ N
B. If amending the registered agent and/or		r records, enter the name of the ne
registered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	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
AMBR	Gary Isom	5725 Harrier Lane	Add
		Atlanta, GA 30349	□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			□ Remove
			Change
			Add
		 	☐ Remove
			☐ Change

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Note: If	the date inserted in 's effective date on	this block doe	s not meet th	ie applicable	statutory filin	g requirement	s, this da	te will n	ot be li	isted as
Effective Can effecti	date, if other thative date is listed, the d	n the date o	f filing:	2/2017 t be prior to da	te of filing or n	ore than 90 day	(optiona 's after fili	i l) ng.) Pursu	uant to 6	605.0207
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00