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Special Instructions	to Filing Officer:	
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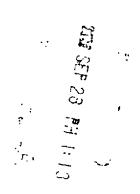
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SEP 29 2020

COVER LETTER

icles of ,	onsulting Group LLC Name of Lim	nited Liability Company
icles of a	Name of Lim	nited Liability Company
	Amendment and fee(s) are sub	omitted for filing.
correspo	ndence concerning this matter	-
	Malikh Williams	
		Name of Person
	Williams Consulting Grou	up LLC
		Firm/Company
	8883 N Isles Circle	
		Address
	Tamarae FL 33321	
		City/State and Zip Code
	terrence@twilliamsconsulti	ing.com
	E-mail address: ((to be used for future annual report notification)
nation co	oncerning this matter, please c	all:
s		954 736-0039
Name of	Person	at () Area Code Daytime Telephone Number
ck for th	e following amount:	
; 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 of Certified Copy (additional copy is enclosed)
		Street Address: Registration Section
on of Co	orporations	Division of Corporations
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Name of ck for the Fee Address ation Son of Cook 632	Name of Person ck for the following amount: Fee \$30.00 Filing Fee &

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OF 200 SE2 28 AH 9: 04

Williams Consulting Group LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number 81-5007768	Liability Company were filed on 01/1	2/2017 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liability company her	<u>r</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our rec ess here:	ords, <u>enter the name of the new registere</u> c	
Name of New Registered Agent:	Malikh Williams		
New Registered Office Address:	8883 N Isles Circle		
	Emer Florida street address		
	Tamarac	, Florida 33321	
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	2110 SEP 28 - All 9: 04 Address	Type of Action
MGRM	Malikh Williams	8883 N Isles Circle	7
		Tamarac Fl. 33321	
			□Change
MGRM	Terrence Williams	8883 N Isles Circle	□Add
		Tamarac FL 33321	■Remove
			□Change
			DAdd
			□Remove
			□Change
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ecord is file	specifies a delayed d.	effective date, bu	t not an effective	e time, at 12:01	a.m. on the ear	lier of: (b) Th	ie 90th day after	the
sted_	September 25		2020					
_	Ma	the th	 	 _·				
		Signature	of a member or au	thorized represe	ntative of a mem	ner		

Filing Fee: \$25.00