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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ATTUSTED PER	ZIONITE CONSULTING GROUP, LLC.				
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		Ethelbert Nwanegbo			
			Name of Person		
PowerHouse Anchor Management Consulting,					
Firm/Company 6620 Southpoint Drive S. Suite 511					
		Jacksonville, FL 32216			
			City/State and Zip Code	 	
		ethel@phanchor.com			
			to be used for future annual report noti	fleation)	
For further i	nformation c	oncerning this matter, please ea	all:		
Ethelbert No	wanegbo		904 240-7044		
Name of Person		at () Area Code Daytim	ie Telephone Number		
Enclosed is:	a check for th	ne following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address:	ction	
	_	Section Corporations	Registration Se Division of Cor		
	D. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ZIONITE CONSULTING GROUP, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/17/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
S2E Consulting Group, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviations L.L.C."
Enter new principal offices address, if applicable:		F 020
(Principal office address MUST BE A STREET ADD	RESS)	2
		P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		36
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	Flori	
 -	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
			_ □Add
			□Remove
			_ Change
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		TO SECOND	Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be privote: If the date inserted in this block does not meet the appl ocument's effective date on the Department of State's record	r to date of filing or more that cable statutory filing requ	i 90 days after filing.) I	Pursuant to 605,020' ill not be listed as
record specifies a delayed effective date, but not an effective I is filed.	time, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
ated December 23 2019			
	Lu		

Filing Fee: \$25.00