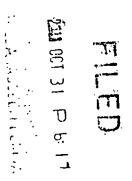
## 47000015183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



100320114461

10/31/18--81012--905 \*\*25.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NBIT CONSULTING GROUP LL						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appe ability Company	ars on our records.) )			
The Articles of Organization for this Limited L Florida document number 1.17000015183	les of Organization for this Limited Liability Company were filed on $\frac{01/20/2017}{\text{ocument number}}$					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	of the limited liab	ility company	here:			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the	designation "LLC" or t	he abbreviation "L.E.C."		
Enter new principal offices address, if applic	cable:	8892 LIVING	STON WAY			
(Principal office address MUST BE A STREI		BOYNTON	BEACH, FL 33472			
	-		· -			
Enter new mailing address, if applicable:		8892 LIVING	STON WAY	8 7		
(Mailing address MAY BE A POST OFFICE BOX)		BOYNTON F	BEACH, FL 33472	7 - M		
B. If amending the registered agent and registered agent and/or the new registered of			on our records, <u>en</u>	ter the name of the n		
Name of New Registered Agent:	JOHN HALLO	OCK				
New Registered Office Address:	8892 LIVINGS	STON WAY				
	Enter Florida street address					
	BOYNTON BEACH		Florida	Florida 33472		
		Ciţv		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

## COVER LETTER

TO: Registration Se Division of Cor		·	
	SULTING GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NICHOLE HALLOCK		
		Name of Person	
		Firm/Company	
	8892 LIVINGSTON WAY	Y	
	BOYNTON BEACH, FL	Address 33472	PCT 31
	BHALLOCK @THERXIIF		lication)
		to be used for future annual report notif	ication)
	concerning this matter, please c		•
JOHN HALLOCK  Name of	of Person	954 417-7064 at () Area Code Daytim	e Telephone Number
Enclosed is a check for t  \$25.00 Filing Fee	he following amount:  S30.00 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)
Regist Divisie P.O. H	ANG ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

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>	<u>Address</u>	Type of Action
MGR	NICHOLE HALLOCK	8892 LIVINGSTON WAY	∩ ∧dd
		BOYNTON BEACH, FL 33472	□ Remove
		·	
			Add
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Page 3 of 3

Filing Fee: \$25.00