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· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MYF CONSULTING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Treffe Marie Pittwary Name of Person
MYF CONSULTING LLC Firm/Company
12179 BOYNTUN BEACH RUMA RUMB
BOWTON BEACH FL 33437 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (202) 748-6380 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

MYF CO	rsulti	ng LLC	un accord.
(Name of the Limite)	A Florida Limited Li	y as it how appears on a ability Company)	our records.
The Articles of Organization for this Limited Lia Florida document number <u>L170001915</u>	bility Company v	were filed on	4 17 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>	44370 Ashburn	sunset maple Drive
B. If amending the registered agent and/or the new registered off			records, enter the name of the new
Name of New Registered Agent:	The He	e Marie	Pittman
New Registered Office Address:	-	Enter Florida si	rvet 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

(U

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager = Authorized Member
<u>Title</u>	<u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Remove
		***	Change
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ffective date, if other than an effective date is listed, the dat	n the date of filing:	(optional) 0 days after filing.) Pursuant to 605,020
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	Signature of a member or authorized representative of a mem	•
		her CO
	Signature of a member or authorized representative of a mem MATTHEW T. FLEMING Typed or printed name of signee	
		· · _ 1

Filing Fee: \$25.00