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(Re	questor's Name)	
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ALLAHASSEE, TLORIDA

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COVER LETTER 1

TO: Registration So Division of Cor					
	ang Consulting, LLC				
SUBJECT:	Name of Lim	nited 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:			
	James D. Lang				
		Name of Person			
	James D. Lang Consulting	, LLC			
		Firm/Company			
	1701 Dolph Road				
		Address			
	Jacksonville, FL 32220		52.	D3	
	james.d.lang@comcast.net	City/State and Zip Code	tion) ASS	29 17 OCT 10	}
	E-mail address: (to be used for future annual report notificar	tion)		
For further information c	concerning this matter, please co	all:	Ĩ.:	0 T	Fi
James D. Lang		904 449-1482 at ()		<u>پ</u>	
Name o	f Person	Area Code Daytime To	dephone Numbërl.	- ti	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Cop tadditional copy	f Status & py	

MAILING ADDRESS:

TO:

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

James D. Lang Consulting, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our recor- Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	and assigned	
Florida document number L17000192583	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		57
Mailing address MAY BE A POST OFFICE BOX)		
		3 3
		(A)
3. If amending the registered agent and/or regist		ls, enter the name of the ne
<u>registered agent and/or the new registered office addr</u>	ress here:	
Name of New Registered Agent:		∑- -
New Registered Office Address:		
	Enter Florida street addre	33
	, F)	lorida
	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
MGR	James D. Lang	1701 DOIph Road	■ Add
		Jacksonville, F1, 32220	□ Remove
			Change
			□ Add
			☐ Remove
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led			but not ar	effective ti	me, at 12:0	i a.m. or	the ea	rlier o
		201	17					
Signature of a member of authorized representative of a member	October 3							
	ted October 3	. "						

Page 3 of 3

Filing Fee: \$25.00