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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: //nC.T	Consulting Name of Limi	9 9 Desirca l	
The enclosed Articles of Ame	endment and fee(s) are subt	mitted for filing.	
Please return all corresponder	ace concerning this matter t	to the following:	
-	DARYL	HARRIS Name of Person	
-		Firm/Company	
-	120 LAMBO	ERT AVEAddress	
-	FUNNETIOS E-mail address: (1	BEACH FL 3 City/State and Zip Code 15 at 1 ahoo to be used for future annual report noti	3213(_e
For further information conce			
DARYL HAR Name of Per	RIS	at (<u>386</u>) <u>503</u> - Area Code Daytim	- 4 8 7 4 e Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee 5	\$30.00 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)

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

maj Consulting	f a Design, LLC
(<u>Name of the Limited Liabi</u> (A Flori	Hty Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L17000205391</u>	Company were filed on $\frac{10}{4}$ $\frac{17}{17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	mited liability company here:
med Construction Consult. The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH D
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	sistered office address on our records, enter the name of the new
Name of New Registered Agent:	DARYL HARRIS
New Registered Office Address:	England El mid La standa de Lla mar
	Enter Florida street 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

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 Type of Action <u>Title</u> Name | Address DARYL HARRIS **⊠** Remove ☐ Change D Add ☑ Remove □ Change DATRICIA HARRIS _□ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change

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an effect fote: If	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	t 10 605.0207 be listed as
ocumen	nt's effective date on the Department of State's records.	·
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
Dated	Signature of a member or authorized representative of a member	
	$\left(\right)$	
	Simular Sampler or who will be seen that	
	Signature of a memoer of authorized representative of a memoer	
	DARY HARRIS Typed or printed name of signee	

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Filing Fee: \$25.00