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COVER LETTER.

TO: Registration S Division of Co				
	Consulting, LLC		•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Brent Marlow			
	<u> </u>	Name of Person		
	Nonpariel Consulting, LLC			
	Firm/Company			
	1818 Michigan Avenue			
		Address		
	Panama City, FL 32405			
	*	City/State and Zip Code		
	brent@rubicsconsulting.com			
		to be used for future annual report notification)(I)	
For further information	concerning this matter, please c	all:		
Brent Marlow		850 8670701 at ()	202 1	
Name	of Person	at ()Area Code Daytime Tele		**************************************
Enclosed is a check for	the following amount:		5 50 00 PH 15 15 15 15 15 15 15 15 15 15 15 15 15	1 1 1
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	ار میکاند ادر میکاند ا

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nonpariel Consulting, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L17000213925	any were filed on October 16, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off		202 Si
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the na	m .
Name of New Registered Agent:		<u>0</u>
New Registered Office Address:		mo on
0	Enter Florida street address	TH 19
	, 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 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>	Name	<u>Address</u>	Type of Action
MGR	Robert T. Yanchis Jr.	1818 Michigan Avenue	□Add
		Panama City, FL 32405	■Remove
			□Change
		 	
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Filing Fee: \$25.00