L17000238059
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(Re	equestor's Name)	
(Ac	ldress)	
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(Bu	usiness Entity Nam	ne)
(Da	ocument Number)	
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# COVER LETTER

#### **Registration Section TO**: **Division of Corporations**

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The Consulting Agency, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miroslaw Gorny

Name of Person

The Consulting Agency, LLC

Firm Company

4533 MACARTHUR BLVD #554

Address

Newport Beach, CA 92660

City/State and Zip Code

E-mail address: (to be used for future annual report potification)

For further information concerning this matter, please call;

Mirosław Gorny	9.19	544-3005
······································	_ at (	)
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$30.00 Filing Fee & Certificate of Status

■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 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

	( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organizatic Florida document number _	n for this Limited Liability Company L17000238059	were filed on <u>Jul 22, 2020</u>	and assigned	
This amendment is submitt	ed to amend the following:			
A. If amending name, <u>en</u>	er the new name of the limited liab	ility company here:		
The new name must be distingui	shable and contain the words "Limited Liabi	lity Company." the designation "LLC" of	the abbreviation "L.L.C."	
Enter new principal office	s address, if applicable:	Barry James Love		
Principal office address MUST BE A STREET ADDRESS)		2707 Willow Ct		
		Hopkinsville, KY 42240		
Enter new mailing addres	s, if applicable:			
Mailing address MAY BE	<u>A POST OFFICE BOX</u>			
	ered agent and/or registered office : stered office address here:	address on our records, <u>enter the</u>	name of the new regi	
Name of New Re	gistered Agent:			
New Registered C	Office Address:			
		Enter Florida street address		
		, Flori	da	
		Cuty	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>	Name	Address	<b>Type of Action</b>
AMBR	Barry James Love	2707 Willow Ct.	🖨 Add
		Hopkinsville, KY 42240	
			□Change
			QAdd
			🛛 Remove
			🗆 🖓 Change
			□Add
			Change
			🗆 🖂 dd
			Change
			□ Add
			🗔 Remove
			🗆 Change
<u></u>			DAdd
		- <u></u>	
			DChange

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Barry Love will have a ma	simum of 1% share.		
	<u> </u>	 	 
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	<u> </u>	 	 

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 15 Dated	. 2022	
	Ant	
	Signature of a member or authorized representative of a m	ember
Miroslaw Gorny		
<b></b>	Typed or printed name of signee	

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Filing Fee: \$25.00