## 1180000037812

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## **COVER LETTER**

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Ashland Co	onsulting Group LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	Name of Limited Liability Company  Name of Limited Liability Company  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Dolores Ashland  Name of Person  Ashland Consulting Group LLC  Firm/Company  1740 Old Glory Blvd  Address  Melbourne, Florida 32940  City/State and Zip Code  mastertullio@gmail.com  E-mail address: (to be used for future annual report notification)		
The analoged Articles of	Amendment and feets) are sub	amitted for filing	
		•	
Please return all correspo	ondence concerning this matter	to the following:	
	Dolores Ashland		
		Name of Person	
	Ashland Consulting Group	) LLC	
		Firm/Company	
	1740 Old Glory Blvd	. ,	
		Address	
	Melbourne, Florida 32940		
		City/State and Zin Code	<del></del>
	mastertullio@gmail.com	City/Mate and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
Dolores Ashland		850 212-7963	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	x:	Street Address:	
Registration S		Registration Sec	etion

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

	ited Liability Compar (A Florida Limited L	ny as it now appears on our recordiability Company)	<u>ls.</u> )	
he Articles of Organization for this Limited I L180000037812	Liability Company			and assigned
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liabi	lity company here:		
n/a				
he new name must be distinguishable and contain the	words "Limited Liabili		or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		793 Suntree Place		
		Boynton Beach, Florida 33406		
Ç				
Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>			
3. If amending the registered agent and/or	registered office a	ddress on our records, <u>enter</u>	the nam	e of the new reg
3. If amending the registered agent and/or	registered office a ress here:	ddress on our records, <u>enter</u>	the nam	e of the new reg
. If amending the registered agent and/or	registered office a	ddress on our records, <u>enter</u>	the nam	.i
s. If amending the registered agent and/or gent and/or the new registered office addr	registered office a ress here:	ce		e of the new reg
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office a ress here: Tullio Gianella		22 LV	P1 2: 47
	registered office a ress here: Tullio Gianella	ce Enter Florida street addre:	22 LV	

## 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
Director	Dolores Ashland	1740 Old Glory Blvd	<b>-</b>
		Melbourne, Florida 32940	□Add
			Remove
			□Remove
			□ Change
			□Add
			Remove
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		26 May 2021				
ective date, if other than the effective date is listed, the date mu	e date of filing: ist be specific and c	annot be prior to	date of filing or m	(o ore than 90 days a	<b>ptional)</b> after filing.) Pursuant	to 605.020
e: If the date inserted in this b	lock does not me	et the applicabl	e statutory filin	g requirements,	this date will not	be listed a
ument's effective date on the f	repartment of Sta	ne s records.				
cord specifies a delayed effection in the contract of the cont	ve date, but not a	n effective time	;, at 12:01 a.m. c	on the carlier of	: (b) The 90th da	ıy after the
26 May		2021				
ed	·					
		Dalines	Ashlan)			
	Signature of a me			of a member	<u></u>	<del></del>
		D. i	s- Ashland			
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Filing Fee: \$25.00