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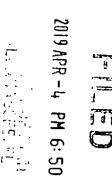
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN APR 12 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Showboat Consulting Group LLC Name of Foreign Limited Liability Company	
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amy R. Tuner Name of Person	
Firm/Company	
Molo B Ridgewood Lane	
Sanford FL 32TB City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (850) 443-9809 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Knglosed is a check for the following amount: \$25 Filing Fee \$\sum \text{S30 Filing Fee & S60 Filing Fee, Certificate of Status}\$\$ Certified Copy	
CR2E055 (9/15)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shrubbat Consulting G	TOTED. LLC	2019 APR -4 PM 6:50
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our reconcided in the contract of the	rds.) .
The Articles of Organization for this Limited Liability Company lorida document number 1800073486.	were filed on $\frac{3 3 }{20}$	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab 2 as kofa Sources enew name must be distinguishable and contain the words "Limited Liab	LLC	.C" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	1706B Ridger Sonford, PL	wood Lane 32773
er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of tered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street uddr	ess
		Florida
	City , I	Zip Code
agistored Agent's Signature if changing Pegistered Agent:		

egistered Agent's Signature, if changing Registered Agent:

w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability that been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

t amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR =	Manager	
MRR =	Authorized	Memb

<u>`itle</u>	Name	Address	Type of Action
			Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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			Remove
			Change

ve date, if other than the date of filing: cerive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records. For dispectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. 3 33 Roll Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00