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17.11.18

2018 DEC - 6 PM 2: 56 SECRETARY OF STATE

COVER LETTER

	Registration Se Division of Cor		. ,	
0110104		NE CONSULTING, LLC.		
SUBJEC	T:		ited Liability Company	 _ _
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please res	turn all correspo	ndence concerning this matter	to the following:	
		NIKKI A. URI		
			Name of Person	·
		LAW OFFICE OF NIKKI	A. URI	
			Firm/Company	
P.O. BOX 110145				
			Address	
		NAPLES, FL 34108		
		- , -	City/State and Zip Code	
		NIKKIAURI@YAHOO.CO		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
NIKKLA	V. URI		239 287-1753	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	☐ \$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

F11 2018 DEC	ED
SECRETARY OF	PM 2:56
MASSE	E. FIATE

SUE DEWINE CONSULTING, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company		and assigned
	were med on	and assigned
Florida document number L18000133532		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SUE DEWINE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	**************************************	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>!</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and ".S. Or, if this document is
If Cha	nging 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
		·	Change
			Remove
			Change
-			
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
	·		Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of the day after the record is filed.
Dated	12/1/18
-	Physics Series Dollare Signature of a member or authorized representative of a member
	Phy/613 Sue De Wiwe Typed or printed name of signee

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Filing Fee: \$25.00