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(City/State/Zip/Phone #)

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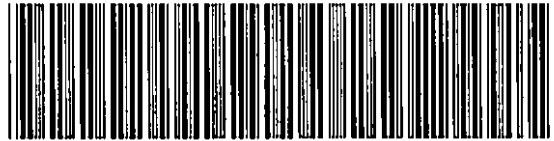
(Business Entity Name)

(Document Number)

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JUL 26 2018
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anthony & McKenzie Diversity Consultants,
Name of Limited Liability Company LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Otis R. Anthony
Name of Person

Anthony & McKenzie Diversity Cons. LLC
Firm/Company

1713 Chapel Tree Circle - Apt. H
Address

Brandon, Florida 33511
City/State and Zip Code

Oranthy2009@verizon.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Otis R. Anthony at (813) 545-5303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

Anthony & McKenzie Diversity Consultants, 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 were filed on 07/03/2018 and assigned
Florida document number L18000161845.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anthony & McKenzie Diversity Consultants, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1713 Chapel Tree Circle
Apt. H
Brandon, FL. 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr.</u>	<u>Otis R. Anthony</u>	<u>1713 Chapel Tree Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. H Brandon, FL.</u>	<input type="checkbox"/> Remove
		<u>33511</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Otis R. Anthony</u>	<u>1713 Chapel Tree Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. H Brandon, FL.</u>	<input type="checkbox"/> Remove
		<u>33511</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

We are removing Charles S. McKenzie Jr. as the Manager and Authorized Member. Otis R. Anthony will now be listed as the Manager and Authorized member. Thank you.

Charles S. McKenzie Jr.

E. Effective date, if other than the date of filing: 07/19/2018 (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.

Dated July 19, 2018

Charles S. McKenzie Jr.

Signature of a member or authorized representative of a member

Charles S. McKenzie Jr.

Typed or printed name of signer

18 JUL 26 PM 3:58