L18000 180 930

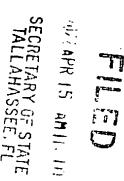
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
ی. SILAS					
JUN 3 .UZZ					

Office Use Only



700385494847

04/15/22--01010--018 **30.00



COVER LETTER

O:

Registration Section Division of Corporations

Majestic Consulting Service LLC **UBJECT:** Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Ella Woods Name of Person Firm/Company 1407 County Road 222 Address Wildwood FL 34785 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Ella Woods Daytime Telephone Number Name of Person inclosed is a check for the following amount: ☐ \$25.00 Filing Fee **≡** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our record)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) Majestic Consulting Service LLC he Articles of Organization for this Limited Liability Company were filed on 07/27/2018 and assigned orida document number L18000180930 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: lajestic Counseling & Consulting LLC ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1340 County Road 228 nter new principal offices address, if applicable: Wildwood FL 34785 Principal office address MUST BE A STREET ADDRESS) 1328 County Road 228 nter new mailing address, if applicable: Wildwood FL 34785 Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Cin

ew Registered Agent's Signature, if changing Registered Agent:

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

If Changing Registered Agent, Signature of New Registered Agent

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

AGR = Manager AMBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
4GR	Ella Woods	1328 County Road 228	
		Wildwood FL 34785	□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change

			-		
			 		
					
				 	
					
					
					
		-			
			_		
- 					
ctive date, if o	her than the date of fi	03/18/2022		(optional)	
effective date is li	ted, the date must be specific erted in this block does n	e and cannot be prior to	date of filing or more the	an 90 days after filing.) Pur	suant to 605.020
ment's effectiv	date on the Department	of State's records.	ne statutory fitting requ	airements, this date will	not be fisted a
ord specifies a d	elayed effective date, but	t not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after the
filed.					
d	<i>P 111</i>	 ·	_ ·		
	11.7 11 //	/ I \	<u>.</u>		
		ee We	コライへ		

Filing Fee: \$25.00