## 118000204590

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(Business Entity Name)	
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## **COVER LETTER**

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Tallahassee, FL 32314

то:	Registration S Division of Co					
cup ir		Consulting, LLC				
SUBJEC	JI:	Name of Lim	ited Liability Company	<del>-</del>		
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		Brenda Rhym				
			Name of Person			
			Firm/Company			
		503 Tuscanny St				
		Address				
		Brandon, FL 33511				
		City/State and Zip Code				
		bdrhym@gmail.com  E-mail address: (to be used for future annual report notification)				
For furth	ner information	concerning this matter, please c		on notification)		
Brenda	Rhym		813 340-9	365		
	Name	of Person		Daytime Telephone Number		
Enclosed	d is a check for	the following amount:				
<b>\$25</b> .	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Addr			
	Registration	Section Corporations	Registration of	on Section of Corporations		
	P.O. Box 63			e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 11 AM 10: 37 Mashack Consulting, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on August 27. 2018 and assigned Florida document number <u>L18000204590</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 . Florida \_\_\_ City 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an effe Note: 1	re date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	Mar 31, 2022
	Brench D Rhym (Mar 31, 2022 09.50 EDT)
	Brench D Rhym (Mar 31, 2022 09.50 EDT)  Signature of a member or authorized representative of a member

Filing Fee: \$25.00