L1800211309

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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COVER LETTER

TO:	Registration S Division of Co			
SUBJE		SULTING GROUP, LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		DAMARIS VALENTIN		
			Name of Person	
		A+ PERMITS		,
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4188 WESTROADS DR. SUITE 121			
			Address	
		WEST PALM BEACH, F	L 33407	·
		DEE@APLUSPERMITS.C	City/State and Zip Code COM	· <u>cπ</u>
e e a			to be used for future annual report no	tification)
ror turun	ier information (concerning this matter, please c	all:	
DAMAI	RIS VALENTIN	1	561 254-1340 at ()	
	Name o	of Person		ne Telephone Number
Enclosed	l is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

413 CONSULTING GROUP, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on or ited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000211309</u> .	any were filed on 9/5/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
A+ PERMITS, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	~ ;
		•
Enter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		~ .
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our record	s, <u>enter the name of the new regi</u> s
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida Zip Gode
	City	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 amending Autiliorized 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>Títle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
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<u>e:</u> If the date inserted in the	5/7/2024 the date of filing: e must be specific and cannot be prior to date of an block does not meet the applicable statute. Department of State's records.	(option filing or more than 90 days after filtory filing requirements, this contact that the file of t	ling.) Pursuant to 605.02
ord specifies a delayed eff filed.	ective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after th
	2024		
ed APRIL 30			