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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (Cit. (Cit.), Cit. (Div.) 40 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: ZM | 1 Company Co | ed Liability Company | |
|-----------------------------|--|---|---|
| The enclosed Articles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | o the following: | |
| | Zac | M Conture Name of Person | |
| | ZC 7 | ax Advisory LLC | |
| | 649 5 | Address S. Ste. Z | 223 |
| | - Wapl | 0.5 FZ 34102 City/State and Zip Code | ···· |
| | Z ovil | o be used for future annual report notifica | ices, com |
| For further information con | ncerning this matter, please ca | 11: | |
| Zach Name of | Contine | at (<u>734)</u> 208 Afea Code Daytime To | 1-6335 elephone 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) |
| | | | |

Registration Section Division of Corporations

TO:

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

| 2M Coutur | e Consulting LLC pany as it now appears on our records.) |
|--|--|
| (A Florida Limited | (Liability Company) |
| The Articles of Organization for this Limited Liability Company | y were filed on and assigned |
| Florida document number <u>L 19 000 60 58 70</u> . | / / |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | onsulfing LLC oility Company," the Dignation "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 uddress MAY BE A POST OFFICE BOX) | |
| <u> </u> | |
| | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | office address on our records, <u>enter the name of the new</u> re: |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | 774.40 |
| | Enter Florida street address |
| | Florida Zip Code |
| | z.p v oac |

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
Page 1 of 3

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | |
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| . If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note | tive date, if other than the date of filing: 10/15/19 (optional) Rective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the re) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | October 10th 2019 |
| | 3// W |
| | Signature of a plember or authorized representative of a member |
| | Zachary M Corture Typed or printed name of signer |

Page 3 of 3

Filing Fee: \$25.00