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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CLD IPZT.	COUTURE C	ONSULTING LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	ZAG	CHARY M. COUTURE		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	COUT	TURE CONSULTING LLC		
		Firm/Company		
		1685 AIRWAY DR	?	
		Address		
		NAPLES, FL 34104		
		City/State and Zip Code		
		CT@ZCTAXSERVICES.COM		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:	r., Co	
ZACHARY M. COUTU	RE	239 682-4901		
Name o	f`Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration 9 Division of C		Registration Se Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee.	F1, 32314	2415 N. Monro	e Street. Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUTURE C	CONSULTING LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L19000005870}{L19000005870}$ .	pany were filed on 1/3/2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FOR 26 LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Stating dates MAT BE A FOST OF FICE BOA		F - G
<ol> <li>If amending the registered agent and/or registered off gent and/or the new registered office address here:</li> </ol>	fice address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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>	Name	Address	Type of Action
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			□Reπove
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etive date, if other than the effective date is listed, the date is listed to the date in this iment's effective date on the	block does not meet the	ne applicable statuto	ling or more than 90 ory filing requirem	_(optional) days after filing, ents, this date	) Pursuant to 605.05 will not be listed
ord specifies a delayed effectiled.	ctive date, but not an ef	fective time, at 12:0	I a.m. on the earli	er of: (h) Th	e 90th day after tl
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Filing Fee: \$25.00