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## **COVER LETTER**

		on Section f Corporations		
SUBJEC		ER CONSULTING LEC		
JOBSER		Name of Limited Liability Company		
The enclo	osed Article	es of Amendment and fee(s) are submitted for filing.		
Please ret	turn all cor	respondence concerning this matter to the following:		
		RICHARD RAGO		
		Name of Person		
		OFFER CONSULTING		
		Firm/Company		
		NSULTING LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Address  POFFER CONSULTING  Firm/Company  2432 SW WAIKIKI STREET  Address  PORT ST LUCIE, FLORDIA, 34953  City/State and Zip Code  MACFSBS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  neerning this matter, please call:  Person  at (772 / Area Code)  Daytime Telephone Number  2432 SW Daytime Telephone Number  2443 Area Code  Daytime Telephone Number		
		Address		
		PORT ST LUCIE, FLORDIA, 34953		
		City/State and Zip Code		
		MACFSBS@GMAIL.COM	201 72	
		E-mail address: (to be used for future annual report notification)	9	
For furthe	er informat	ion concerning this matter, please call:		
RICHAR	D RAGO	at ( )	[ ]	1
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Enclosed	is a check	for the following amount:	• -	
\$25.0	0 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status & Copy	

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

OFFER COSULTING LLC		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab	bility Company were filed on 01/08/2019	and assigned
Florida document number L19000009963	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		<del> </del>
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>ente</u>	
registered agent and/or the new registered offi	ce address nere.	
Name of New Registered Agent:		AN G
New Registered Office Address:		e in
- <del></del>	Enter Florida street address	56. <b>4</b> C
	, Florida _	-1 · 1 · 1
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RICHARD RAGO	2432 SW WAIKIKI STREET, PORT ST LUCIE, FL 34953	
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Typed or printed name of signee

Filing Fee: \$25.00