

| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | _ | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | _ | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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2019 APR 29 PM 3: 4

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COVER LETTER

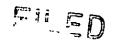
| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| | ASURY CONSULTING LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | MARSHA SIHA | | |
| | | Name of Person | |
| | INCFILE.COM LLC | | |
| | | Firm/Company | |
| | 17350 STATE HWY 249 S | STE 220 | |
| | | Address | |
| | HOUSTON, TX 77064 | | |
| | EFILE1234@INCFILE.CO | City/State and Zip Code M | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please ca | all: | |
| MARSHA SIHA | | 855 829-9090 at () | |
| Name | of Person | | : Telephone 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) |
| MAI | LING ADDRESS: | STREET/COURI | ER ADDRESS: |

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| D.R. TREASURY C | ONSULTING LLC | 2019 APR 29 PM 3: 47 | | |
|---|--|--------------------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our reco Liability Company) | rds.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L19000022550 | were filed on 01/22/2019 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LI | .C" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 9701 WESTVIEW DRIVE #1414 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | CORAL SPRINGS, FL 33076 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9701 WESTVIEW DRIVE & CORAL SPRINGS, FL 3307 | 76 | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ds, <u>enter the name of the new</u> | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street add | ress | | |
| | | Florida | | |
| | 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|---------------------------|----------------|
| AMBR | DEBBIE RIEZENMAN | 9701 WESTVIEW DRIVE #1414 | |
| | | CORAL SPRINGS, FL 33076 | |
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| (If an ef Note: | fective date is listed, the If the date inserted i | nan the date of filing date must be specific and in this block does not roon the Department of S | d cannot be prior to neet the applicat | date of filing or mo | re than 90 days after fi | ling.) Pursuant to 605.02 | !07 (3)(as the |
| If the re (b) The | cord specifies a c 90th day after t | lelayed effective on the record is filed. | date, but not | an effective ti | me, at 12:01 a. | m. on the earlier | of: |
| Dated | APRIL 22 | | 2019 | _ • | | | |
| | Debbi | e Riezenma Signature of a | member or author | ized representative | of a member | | |
| | DERRIE RIEZI | ENMAN - AMBR | | • | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee