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COVER LETTER

TO:	Registration Se Division of Co			
		sulting, LLC		
SUBJI	Division of Corporations TMO Consulting, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing, se return all correspondence concerning this matter to the following: Trevor Olesiak Name of Person TMO Consulting, LLC Firm/Company 133 Linda Lake Lane Address St. Augustine, Fl. 32095 City/State and Zip Code trevor@pioneeryourfuture.com E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: or Olesiak 904 718-6599 at (
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Trevor Olesiak Name of Person TMO Consulting, LLC Firm/Company 133 Linda Lake Lane Address St. Augustine, FL 32095 City/State and Zip Code trevor@pioneeryourfuture.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: 904 718-6599 at		
			Name of Person	
		TMO Consulting, LLC		
			Firm/Company	
		133 Linda Lake Lane		
			Address	
		St. Augustine, FL 32095		
		trevor@pioneeryourfuture.c	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information o	oncerning this matter, please ca	all:	
Trevor	Olesiak	Articles of Amendment and fee(s) are submitted Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Trevor Olesiak Name of Person TMO Consulting, LLC Firm/Company 133 Linda Lake Lane Address St. Augustine, FL 32095 City/State and Zip Code trevor@pioneeryourfuture.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: uk 904 718-6599 at (
· 	Name o	l'Person		Telephone Number
Enclose	ed is a check for th	c following amount:		
E \$ 25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified 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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	ary 22nd, 2019	and assigned
This amendment is submitted to amend the following:	ment number 1.19000023839 ment is submitted to amend the following: ting name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) mailing address, if applicable: tress MAY BE A POST OFFICE BOX) adding the registered agent and/or registered office address on our records, enter the name and/or the new registered office address here:		
A. If amending name, enter the new name of the limited liab	ility company her	E:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADDRESS)	<u></u>		
			<u> </u>
		1	AL BULL
Enter new mailing address, if applicable:		ţ	-
Mailing address MAY BE A POST OFFICE BOX)			교리
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		1	夏 5
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on o	our records, <u>ente</u>	r the name of the
New Registered Office Address:			
. V. Hagistered Office Hadross.	Enter Florida	street address	
		Florida	

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
MGR	Trevor Olesiak	133 Linda Lake Lane	
MOK		St. Augustine, FL 32095	
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Effective date, if other that If an effective date is listed, the date inserted in	late must be speci this block does	ific and cannot be positive and the cannot be positive approximately and the cannot be provided and th	plicable statu	filing or more th	(option an 90 days after fi uirements, this d	ling.) Pursuant to 60	05.0207 ested as
document's effective date or	the Departmen	nt of State's reco	ords.				
he record specifies a de The 90th day after th	elayed effect e record is f	ive date, but iled.	not an eff	ective time,	at 12:01 a.	m. on the earl	ier of
January 31st Dated		2019					
. 11	7		<u> </u>				
/	Signatur	e of a member or a	uthorized renr	esentative of a n	nember		
2							
Trevor Olesiak							

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