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* Division of Corporations
SUBJECT: IDESTA COUNSULTING, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JACK R. BROWN Name of Person
I DESTA CONSULTING, LLC
3800 HW4 196
MOLINO, FL 32577 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 838-6799 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00}} \text{Filing Fee} \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy tadditional copy is enclosed} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \qqq \qqq \qu

MAILING ADDRESS:

TO:

Registration Section

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

TDESTA COUNSULTING LLC

(Name of the Limited Liability Company as it now appears of our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar EFFECTIVE FEB, 15, 2014 Florida document number	ny were filed on $FEB_1B_1 = 2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
IDESTA CONSULTING	LLC
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PD TO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the new
	Elevida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
	.		Add
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
		·	☐ Change
			Add
			□ Remove
		 	Change
			Add
			□ Remove
			□ Change

	NA
	Y
	
ffec	tive date, if other than the date of filing: (optional)
an el	flective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocur	nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
, 116	s both day after the record is filed.
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	7 / D 2/
	fuch K. (Down
	Signature of a member or authorized representative of a member
	JACK R. BROWN

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Filing Fee: \$25.00