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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NICHOLS CONSULTING LLC

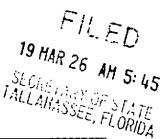
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Nichols Consulting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 5, 2019 and assigned Florida document number <u>L19</u>000063453 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nathan B Nichols Consulting, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

\_, Florida \_\_

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 Type of Action **Address** <u>Title</u> Name □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change Remove □ Change ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change \_\_\_ 🗆 .Add □ Remove

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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot b k does not meet the :	applicable statutor	ng or more than 90 day y filing requirement	(optional) s after filing.) Purs ts, this date will	suant to 605.0207 ( not be listed as t
he record specifies a delayed of The 90th day after the recor	effective date, bu d is filed.	ut not an effec	tive time, at 12	:01 a.m. on t	he earlier of:
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