Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000178373 3)))



H190001783733ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				•
	Division of Co	orporations		
		: (850)617-6383		
From:				
	Account Name	: C T CORPORATION	SYSTEM	
	Account Number	~ : FCA000000023		
		: (614)280-3338		
	Fax Number	: (954)208-0845		
Em	mail Address:		e email address pl	
	LC AMND/RE	STATE/CORREC	T OR M/MG RI	ESIGN
	LC AMND/RE BLOO	STATE/CORREC	T OR M/MG RI	ESIGN
	LC AMND/RE BLOO	STATE/CORRECOMBERG CONSU	T OR M/MG RI	ESIGN
	LC AMND/RE BLOO Certificate o	STATE/CORRECT MBERG CONSU	T OR M/MG RI	ESIGN
	LC AMND/RE BLOO	STATE/CORRECT OMBERG CONSU	ET OR M/MG RI LTING, LLC 0	ESIGN

D SCOTT

JUN - 6 2019

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BL	OOMBERG CO	INSULTING. LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Jiability Company	were filed on March 22, 2019	and assigned
Fforida document number 1.19000075134			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Not applicable			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
		Maria I Report Control of Control	
Enter new mailing address, if applicable:		3416 Guif Breeze Parkway	
(Mailing address MAY BE A POST OFFICE	BOX)	Gulf Breeze, FL 32563	
		•	
			*
B. If amending the registered agent and	l/or registered o	ffice address on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered	office address ber	e:	~
			1
Name of New Registered Agent:	Not applica	ble	
New Registered Office Address:			المراجع المراجع
Non regime to Office rightess.		Enter Florida sireet address	. 3
		, Florida_	•
		City	Zip Cods
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register			aree to comply with the
provisions of all statutes relative to the pro- accept the obligations of my position as res	per and complete	performance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Christopher Bloomberg	3416 Gulf Breeze Parkway	™ ∧dd
		Gulf Breeze, FL 32563	□ Веточе
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			O ∧dd
			□ Remove
			□ Ĉĥange
			D Add
			□ Remove
			Change
			□ A¢ċ
			Remove
			Change

		
		
	-	
		
Effective date, if other than the date of filing:	دع محمد بعد 605.03	202

Page 3 of 3

Filing Fee: \$25.00