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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		ulting Group LLC		
SUDJE	C1:	Name of Lim	ited Liability Company	
The encl	Seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Peter Dach Name of Person PMD Consulting Group LLC Firm/Company 7901 4th St N Suite 300 Address St. Petersburg, FL 33702 City/State and Zip Code pmd0417@gmail.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: th			
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Peter Dach		
			Name of Person	·· · · · · · · · · · · · · · · · · · ·
		PMD Consulting Group LI	ıc	
			Firm/Company	···· <u>,-</u>
		7901 4th St N Suite 300		
Address				
		St. Petersburg, FL 33702		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furth	ner information c	oncerning this matter, please c	all:	
Peter Da	ach			
	Name o	f Person		me Telephone Number
Enclosed	d is a check for th	he following amount:		
\$ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration S		Registration S	
	Division of C	•	Division of Co The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMD Consulting Group LLC	<u></u>	
(<u>Name of the Limited Limbili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	rds)
The Articles of Organization for this Limited Liability C	Company were filed on 04/16/2019	and assigned
Florida document number L19000104307		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Dach Consulting Group LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	2 <u>0</u> .
		€ :
		·
Enter new mailing address, if applicable:		ch .
		F
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>ente</u>	r the name of the new regi
New Registered Office Address:	Enter Florida street addr	×11
	City, F	loridaZip Code
	···,	24 0112

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 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>	Address	Type of Action
			□Add
			□Change
			□Abd
			□Remove
			□ Change
			□Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot olock does not meet t	he applicable stat			
the record specifies a delayed effect cord is filed.	ve date, but not an ef	ffective time, at 1	2:01 a.m. on the ea	dier of: (b) The 90th o	lay after the
October, 9	20.	23			
Dated	7/7	<u> </u>			

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