## L19000144318

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## **COVER LETTER**

TO:	Registration S Division of Co			
		lobal Consulting LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	<del></del>
The enc	losed Articles o	of Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter t	to the following:	
		Ben Cottrell		
			Name of Person	
		Cottrell Tax & Accounting		
			Firm/Company	
		5147 Castello Drive		
			Address	
		Naples, Florida 34103		
		bcottrell@cottrelltax.com	City/State and Zip Code	<del></del>
		E-mail address: (t	o be used for future annual report notif	fication)
For furt	her information	concerning this matter, please ca	all:	
Ben Co	ttrell		239 449-4881 at ()	
	Name	of Person	Area Code Daytime	e Telephone Number
				PAYAMIE TO:
Enclose	d is a check for	the following amount:		PL DIES OF STATE
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration	Section	Street Address: Registration Sec Division of Cor	
	P.O. Box 63	Corporations /	The Centre of T	fallahassee
	Tallahassee	, FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Global Consulting LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000144318</u> .	ny were filed on May 30, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
Naples Global Group LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offic agent and/or the new registered office address here;	e address on our records, enter the nam	THE of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	Ziv Code
	City	zıp Coae

## 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

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

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			🗆 Remove
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Effective date, if other than to fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and block does not n	l cannot be prior to neet the applical	o date of filing or mo	re than 90 days af	tional) er filing.) Pursua his date will no	nt to 605.0207 ( t be listed as t
e record specifies a delay The 90th day after the r	ed effective c ecord is filed.	Jate, but not	an effective ti	me, at 12:01	a.m. on the	e earlier of
		2020				
May 13 Dated			_			
Dated May 13		>				
Dated May 13	Signature of a	member or author	rized representative	of a member		