119000162547

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COVER LETTER

CHRIECT.	Dakota Management Consulting LLC				
JOBJECT.	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:				
	Michael A. Jablon				
	Name of Person				
	Dakota Management Consulting				
	Firm/Company				
	1241 Ashbourne Cir				
	Address				
	Trinity, FL 34655				
	City/State and Zip Code				
	mikejablon@outlook.com				
	E-mail address: (to be used for future annual report notification)				
For further ir	formation concerning this matter, please call:				
Michael A. J					
	Name of Person Area Code Daytime Telephone Number				

Mailing Address:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

=

Dakota Management Consulting Li	LC		墓 7	
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on our records Liability Company)	1 1000	
The Articles of Organization for this Limited L Florida document number L19000162547 This amendment is submitted to amend the foll		were filed on June 20, 2019	22 and signed	
A. If amending name, enter the new name o		ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1241 Ashbourne Cir		
(Principal office address MUST BE A STREE		Trinity. FL 34655		
Enter new mailing address, if applicable:		1241 Ashbourne Cir Trinity, FL 34655		
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or i			the name of the new registered	
agent and/or the new registered office addre		· 		
Name of New Registered Agent:				
New Registered Office Address:	1241 Ashbourn	ne Cir		
	Enter Florida street address			
	Trinity		orida 34655	
		City	Zip Code	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael A. Jablon		□Add
			Remove
		1241 Ashbourne Cir, Trinity, FL 34655	≅ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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ffective date, if other than the fan effective date is listed, the date moves: If the date inserted in this locument's effective date on the	oust be specific and cannot block does not meet the	e applicable statutory	g or more than 90 days aff	tional) er filing.) Pursuant to 605.0207 nis date will not be listed as
e record specifies a delay The 90th day after the re		but not an effect	ive time, at 12:01	a.m. on the earlier of
June 24	202	20		
lotod Suite E				
Dated	h////	1		
Dated	Meal	1 -		
Dated State 24	MC G	of authorized represer	ntative of a member	

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