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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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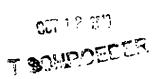
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COVER LETTER

| Division of Co | orporations | | | | | | |
|---------------------------|---|---|---|--|--|--|--|
| ARISTOS | CONSULTING, LLC | | | | | | |
| | | nited Liability Company | | | | | |
| | | | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | | |
| | JOLANTA BIEGAJ | | | | | | |
| | - | Name of Person | | | | | |
| | ARISTOS CONSULTINO | G, LLC | | | | | |
| | | Firm/Company | | | | | |
| | 127 OAK PROMENADE | СТ | ## S60.00 Filing Fee, Certificate of Status & Certified Copy | | | | |
| | | Address | | | | | |
| | DAVENPORT, FL 33896 | | | | | | |
| | JBIEGAJ@OUTLOOK.CC | City/State and Zip Code DM | | | | | |
| | E-mail address: (| to be used for future annual report notific | cation) | | | | |
| For further information | concerning this matter, please c | all: | | | | | |
| JOLANTA BIEGAJ | | 321 278-4345 at () | | | | | |
| Name | of Person | Area Code Daytime | Telephone Number | | | | |
| | | | | | | | |
| Enclosed is a check for t | he following amount: | | | | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & | | | | |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARISTOS CONSULTING, ELC |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) |
| (A Florida Limited Liability Company) |

| (A Flori | ida Limited Liability Company) | |
|--|--|-------------------------|
| The Articles of Organization for this Limited Liability Florida document number L19000163978 | Company were filed on JUNE 21, 2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | S 6 |
| (Principal office address MUST BE A STREET ADL | <u>PRESS)</u> | 70 TI |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | 중된 전 |
| (Mailing address MAY BE A POST OFFICE BOX) | | ္ မ ်ာ |
| Managana Maries Marie District District District | | <u> </u> |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | istered office address on our records, <u>ente</u> idress here: | r the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida _ | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Register | red Agent: | |
| I hereby accept the appointment as registered agen | t and agree to act in this capacity. I further a | gree to comply with the |

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

1, 1

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------|----------------|
| AMBR | JOLANTA BIEGAJ | 127 OAK PROMENADE CT | |
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| If an effective dance of the control | te, if other than the ate is listed, the date mu date inserted in this b ffective date on the D | st be specific an lock does not | d cannot be prion of the desired the prior of the application of the a | cable statutory | g or more than 90 filing requires | (optional days after filing the days after filing date at the days after file days after the day | g.) Pursuani | t to 605.0 be listed |)207 (. 1 as tl |
| | pecifies a delaye day after the rec | | | ot an effect | ive time, at | 12:01 a.m | . on the | earlie | r of: |
| SEPTE | EMBER 25 | | 2019 | | | | | | |
| | 111 | 2 | | | | | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee