## L19000174377

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## **COVER LETTER**

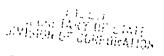
TO:		istration Sect sion of Corp					
C110 FE/		D3 Consultin	g Group, LLC				
SUBJEC	CI;		Name of Lim	ited Liability Company		<del></del>	
			mendment and fee(s) are sub	_			
riease re	eturn	ан согтевропе	dence concerning this matter	to the following:			
			David Spanos				
				Name of Person	,		
			D3 Consulting Group, LLC				
				Firm/Company			
6401 Sedgewyck Cir West							
				Address			
			Davie, FL 33331				
			City/State and Zip Code davidspanoscpa@gmail.com				
			E-mail address: (	to be used for future annual	report notification)		
For furth	ner in	formation cor	ncerning this matter, please ca	all:			
David S	pano	s		954 80 at ()	25839		
		Name of I	Person	Area Code	Daytime Telepho	one Number	
Enclosed	d is a	check for the	following amount:				
<b>■ \$</b> 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



21 HAR 29 PA 2: 42

D3 Consulting Gorup, LLC

(Name of the Limited Liability Company as it now appears on our records.)

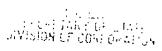
(A riorida Limito	a Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L19000174377}{L19000174377}$ .	ny were filed on July	5th, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida  City Zip Code		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of i	my duties, and I am	familiar with and

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>	Address 21 MAR 29 PH 2: 4	2 Type of Action
MGR	David Spanos	6401 Sedgewyck Cir West	
		Davic, Fl. 33331	□Remove
			□Change
MGR	Dwayne Wheatley	11800 Carmel Creek Rd. (Apt 463)	□Add
		San Diego, CA 92130	Remove
			□Change
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	fies a delayed effective date	, but not an effective ti	me, at 12:01 a.m. o	n the earner of:	(b) The 90th day	after the
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	March 23		·		(b) The 90th day	after the

Filing Fee: \$25.00