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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor		, ·	•		
	onsulting Group LLC	•	ž _{rb} .		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Brandon Lambert				
		Name of Person			
		Firm/Company			
	12355 Harper Street				
	Address				
	Spring Hill, FL 34608				
		City/State and Zip Code	- LV2)) .2	
	bwest34668@hotmail.com			ange Wil	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annua	il report notification) .	1,	
Brandon Lambert		354 94 at ()	42-9450		
Name o	f Person	Area Code	Daytime Telephone Number	, :	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Sta	tus &	
Mailing Address			Address:		
Registration S Division of C			tration Section on of Corporations		
P.O. Box 632	•		entre of Tallahassee		
Tallahassee, I			N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lambert Consulting Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9/10/2019}{1}$ and assigned Florida document number $\frac{1.19000228846}{1.19000228846}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lambert Consulting and Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
			□Add
			□Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory for segment's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.020 iling requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	m. on the earlier of: (b) The 90th day after the
June 24	

Typed or printed name of signee