119000 229 453

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900336465159

11/04/19--01004--019 **35.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor				
		Malley Managementand Const	dting, LLC		
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Thomas O'Malley			
		Thomas O'Malley Manage	Name of Person ement and Consulting, LLC	 	
		17621 Nathans Drive	Firm/Company		
		Tampa, FL 33647	Address	···	
		omalleyllc748@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please ca	all;		
Thoma	as O'Malley		781 927-94(X)		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$2:	5.00 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 ADDRESS:

1

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

TO ARTICLES OF ORGANIZATION OF

Thomas O'Malley Management and Consul	lting, LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on September 11	, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	
Enter new mailing address, if applicable:		2019:NO
(Mailing address MAY BE A POST OFFICE BOX)		ASP V
		SE TO TO
B. If amending the registered agent and/or regi		ords, enter the name of the ne
registered agent and/or the new registered office ad	<u>dress here</u> :	SS SIDA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		Florida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Karen O'Malley	17621 Nathans Drive	
NICK		Tampa FL 33647	
			
			Remove
			☐ Change
> 46115	Thomas O'Malley	17621 Nathans Drive	
MGR		Tampa FL 33647	□ Add
			Auu
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			
			Remove
			Change
			□ Add
			П.В
			Remove
			☐ Change
			Remove
			LI REBIOVE
			Change

•	· ·
-	
_	
-	
_	
-	
_	
-	
_	
-	
-	
-	
-	
-	
-	
(If an ef Note:	ive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: 90 th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	Thomas O'Malley
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00