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	(Requestor's Name)	_
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	(City/State/Zip/Phone #)	_
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	(Business Entity Name)	_
<u>_</u> <u> </u> 	(Document Number)	_
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COVER LETTER

	Registration Se Division of Cor		•	· E
CUB IEC		NSULTING, LLC		
SUBJEC	1: <u>[</u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please rett	am all correspo	ndence concerning this matter	to the following:	
		BRENDA H. CHARLES		
			Name of Person	
		3960 NW 73RD AVE	Firm Company	·····
			Address	
		LAUDERHILL, FL 33319		
		bcharles4fpu@gmail.com	City/State and Zip Code	
For furthe	r information e	n-mail address: () oncerning this matter, please ca	to be used for future annual report no all:	ottlication)
Brenda H	Charles		954 288-0353 at ()	
	Name o	l Person	Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	O 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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 MON 12 ON W. 27 BWI\$E CONSULTING, 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 OCTOBER 7, 2019 and assigned Florida document number $\frac{1.19000251372}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BWISE CONSULTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Enter Florida street 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.

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 Membe	·r		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ted _	
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	Signature of a member or authorized representative of a member
	The state of the s

Page 3 of 3

Filing Fee: \$25.00