L196663555

(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



600344910136

05/26/20--01034--029 **25.00



S. YOUNG

COVER LETTER

TO:

	gistration Se vision of Cor			
SUBJECT	LDO CON	SULTANT, LLC		
SOBJECT	·	Name of Lim	ited Liability Company	·
The enclose	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		LONNIE D. OGDEN		
			Name of Person	
			Firm/Company	
		405 Periwinkle Place		
			Address	
		ST. JOHNS, FLORIDA 32	2259	
			City/State and Zip Code	
		LON@OECSLLC.COM		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
		oncerning this matter, prease co		
LONNIE I	O. OGDEN		904 254-8386 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
≅ \$25.00	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:		Street Address:		
Registration Section Division of Corporations		Registration Se Division of Cor		
P.	O. Box 632	7	The Centre of Tallahassee	
Та	llahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on (A Florida document number (A Florida docu

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_, Florida

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
AMBR	BETTY OGDEN	405 Periwinkle Place	= Add
		ST. JOHNS, FLORIDA 32259	□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Псь

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	
 	
	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the	he date of filing:
e record specifies a delayed effection is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 21	2020
izmod	
<i>-</i>	Signature of mambar or authorized manufacture of a
	Signature and member or authorized representative of a member

Filing Fee: \$25.00