# L19000267349

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### **COVER LETTER**

Division of Corp		÷ • • •		
SUBJECT: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	5ite Tax Name of Limi	PRO LLC ted Liability Company	<del></del>	
The enclosed Articles of a	Amendment and fee(s) are subi	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Torette	McClendo Name of Person	<u> </u>	
	On Sit	e Tax Pro		
	4920 W C	JPRESS St. 5	uite 104 PMB 5	512(
	Tampa,	FL 33607 City/State and Zip Code	. \	
	Loietta : P	o be used for future annual report noti		
For further information co	oncerning this matter, please ca	ill:		
Torotta 9	Ucclendon Person	at (407) 573- Area Code Daytim	- 035S e Telephone Number	
Enclosed is a check for th	e 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:
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

Un Site lax YROL		·
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L190026734</u> 9	10/21/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  On 5 to Consulting The new name must be distinguishable and contain the words "Limited Liabili	PRO LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4920 W Cypros Duite 104 JPH Tampa, FL 331	SS St. B 5120 007
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4920 W Cypros Syste 104 PM Tampa JFL 331	SS St. 1B 5120 607
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the <u>na</u> r	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Code C

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 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	Type of Action
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			□Remove
			☐ Change
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the record ford is file	specifies a delayed.	d effective date.	, but not a	n effective (	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after the
Dated _	July	27	· ·	202.	3	lend			
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