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### **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

**)**:

104 Consulting & Services, LLC IBJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Lori L Mynheir Name of Person 104 Consulting & Services, LLC Firm/Company 912 Easterwood Ct., SE Address Palm Bay, FL 32909 City/State and Zip Code lmynh555@earthlink.net E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: L. Mynheir Daytime Telephone Number Name of Person ised is a check for the following amount: □ \$60.00 Filing Fee, **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & 25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

104 Consulting & Services, LLC		7
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
Articles of Organization for this Limited Liability Compaida document number 1.19000274432	any were filed on 11/4/2019	and assigned
amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	ability company here:	
new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
er new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDRESS		
er new mailing address, if applicable:		
iling address MAY BE A POST OFFICE BOX)		
f amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter tl</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	C. C. C.	
	Enter Florida street address	
<del></del>	City, Flor	ridaZip Code
	City	my Cine

#### tegistered Agent's Signature, if changing Registered Agent:

ie

)r

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the tions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	Address	Type of Action
MBR	Mark Mynheir	912 Easterwood Ct. SE, Palm Bay, FL 32909	
			□Remove
			□Change
			□Add
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			□Change
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tive date, if other than the ( Tective date is listed, the date must	be specific and cannot be price	or to date of filing or me	re than 90 days after filing.) P	ursuant to 605.02
If the date inserted in this blo nent's effective date on the De	ock does not meet the appl	icable statutory filing	requirements, this date wi	Il not be listed:
	<b>,</b>			
cord specifies a delayed	effective date, but n	ot an effective ti	me, at 12:01 a.m. or	the earlier
90th day after the reco	ord is filed.		•	
N	2010			
November 29	, 2019	·		
0 0 00	Signature of a member or aut			
4. 2. My				
	Signature of a member or aut	horized representative	of a member	

Page 3 of 3