## 119000292588

(Re	questor's Name)	<del></del>
(Ad	dress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
ĺ		

Office Use Only



000340942270

02/21.25- 01018 -01. ••.01.01

FILED
20 FEB 21 PH IE: 06

## **COVER LETTER**

porations .	<b>.</b>	
	A	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
JASON SILVER		
	Name of Person	
CTI CONSULTING	Name of Limited Liability Company  Iment and fee(s) are submitted for filing.  I concerning this matter to the following:  SON SHLVER  Name of Person  I CONSULTING  Firm/Company  O SW 4TH AVENUE  Address  ORT LAUDERDALE, FL 33315  City/State and Zip Code  NER@CTICONSULTING.NET  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  1 294 761-8282  1 Area Code  Daytime Telephone Number  Owing amount:  S30.00 Filing Fee &  S60.00 Filing Fee.	
	Firm/Company	
600 SW 4TH A VENUE		
	Address	<del></del>
FORT LAUDERDALE, FI	L 33315	
	· ·	
<del>-</del>		tication)
Person	at () Area Code Daytim	e Telephone Number
e following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
ection	Street Address: Registration Sec	
	Amendment and fee(s) are subnidence concerning this matter  JASON SILVER  CTI CONSULTING  600 SW 4TH AVENUE  FORT LAUDERDALE, Fl  JSILVER@CTICONSULT  E-mail address: ( precenting this matter, please concerning this matter, please concerning this matter)  Person	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  JASON SILVER    Name of Person

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/27/19	and assigned
Porida document number L19000292588		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	.7
CTI Consulting LLC		20 20
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	.C" or the alibreviation "L.L.C,"
Enter new principal offices address, if applicable:		170
Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del> -	·
B. If amending the registered agent and/or registered offic	e address on our records, <u>ente</u>	r the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · -	
New Registered Office Address:		
	Enter Florida street addr	ess
	. <b>F</b>	Florida
	Cin	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

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
			□Add
			□Remove
			[2] Change
		·	🗖 Add
			□Remove
			71 CD 71
			☐ Attd ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
			, □Remove
			□Change
			□Add
		***	□Remove
			[]Change
			□Remove
			Channe

## Page 2 of 3

,

				<del></del>	-			
							_	
					·			
					_			-
				<del></del>		<del></del>		-
		<del></del>						-
	···-				-			-
								_
				_				
					<del>.</del>		20 F	_
	<u></u>	<del></del>			. <del>-</del>			- - <sub>7</sub> -
						<del></del>	12	_
						<u> </u>	<u></u>	
							<u>फ़</u>	: <u></u>
	<del></del>	·	<del></del> -			多点	90	
								-
			<del></del>		···-	<u>.</u>		-
								-
Effective date, if other than the difference date is listed, the date must be some first the date must be some first the date inserted in this block document's effective date on the Department.	be specific and cannot ck does not meet the	t be prior to a e applicabl	late of filing o	r more than <sup>90</sup> ling requiren	(optio days after t nents, this	iling.) Purs	uant to 60. not be lis	5,0207 ted as
e record specifies a delayed The 90th day after the reco	effective date, rd is filed.	but not a	ın effectiv	e time, at	12:01 a	.m. on t	he earli	ier o
	303	0						
Pebruary 18 Dated			•					
Dated February 18						<u>.</u>		
Dated February 18  Sason Silven			ed representa	tive of a memb	ner		<del></del>	

Page 3 of 3