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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		RLY CONSULTING LLC		
SOBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		BRICE EARLY		
			Name of Person	
		BRICE EARLY CONSUL	TING LLC	
			Firm/Company	
		1238 ELDERFLOWER D	RIVE	
			Address	· · · · · · · · · · · · · · · · · · ·
		NICEVILLE, FL 32578		
		brice e	City/State and Zip Code	report notification)
For furthe	r information a	oncerning this matter, please c	$\sim$	report notification)
i or runne	a mormanon c	oncerning this matter, please c		
BRICE E	ARLY		at ( <b>95</b> 0)	543-2430
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
F	Mailing Addres Registration S	Section	<del>-</del>	ntion Section
Į.	Division of C	orporations	Division	n of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICE EARLY CONSULTING LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	,)
The Articles of Organization for this Limited Liability Compa	iny were filed on 11/27/2019	and assigned
Florida document number L19000292653		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	ATC 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new registere
The state of the s		
Name of New Registered Agent:		
Nout Decistary of Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
<del></del>	City .	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>	Name	<u>Address</u>	Type of Action
MGR	BRICE EARLY	1238 ELDERFLOWER DRIVE	□Add
		NICEVILLE, FL 32578	Remove
			<b>■</b> Change
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			Remove  7 SEC
			SECKETA Add F
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ffective date, if other than an effective date is listed, the date	the date of filin	g:		(	optional)	
an effective date is listed, the date lote: If the date inserted in the	must be specific and is block does not t	I cannot be prior to neet the applical	o date of filing or ble-statutory fil	more than 90 days ing requirements	after filing,) Pursu i, this date will no	ant to 605.0. ot be listed
ocument's effective date on the	he Department of S	State's records.				
record specifies a delayed eff lis filed.	ective date, but not	an effective tin	ne, at 12:01 a.m	, on the earlier o	if: (b) The 90th	day after t
12/13 ated		2019				
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Filing Fee: \$25.00

Typed or printed name of signee