LZO 0000074Z8

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
,		,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Se ivision of Cor			. •
CIUDICZY		sulting and Solutions		•
SUBJECT	·	Name of Lim	nted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Paula Keys Tilghman		
			Name of Person	
		Pivot Consulting and Solu	tions	
			Firm Company	ij
		30925 Sumer Sun Loop		
			Address	
		Wesley Chapel, Florida 3,	3545	
		Admin@Pivoteas.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
Paula Key	s Tilghman		301 440-6056	
	Name o	f Person		e Telephone Number
Enclosed is	s 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)
	lailing Addres		Street Address:	arius
	egistration S ivision of C		Registration Sec Division of Cor	
	.O. Box 632		The Centre of T	-
Т	allahassee l	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pivot Consulting and Solutions (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 16, 2019 and assigned Florida document number | L20000007428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pivot Consulting & Solutions Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 15 N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/Λ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
	N/A 		∐Add
			□Remove
			□Change
			∐Remove
			3 ☐ □Change
		<u> </u>	☐ □Change
			□ □Remove
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			∐Remove
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			□Add
			□Remove
			□Change

N/A	
	Y.
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tive date, if other than the date of filing: Diective date is listed, the date must be specific and cannot be prior to date	(optional)
If the date inserted in this block does not meet the applicable st:	
ment's effective date on the Department of State's records.	
sed on miting a distance of the standard beautiful and the standard section of	12.01
ord specifies a delayed effective date, but not an effective time, at filed.	(2.01 a.m. on the earner of, (6) The 90th day after
August 27 2020	
May 15 2020. Momen Jacob Signature of member of authorized re	
Momen I form	epresentative of a member