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Registration Section
Division of Corporations

TO:

SURJECT:) URIGHT CON	ISULTING ASSOCIATES LLC
SUBJECT: JURISHT ZNJSLTING ASSOCIATES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PR	
The enclosed Articles of Amendment and fee(s) a	ire submitted for filing.
Please return all correspondence concerning this t	matter to the following:
BR. M	ELVIN W JAMES
	closed Articles of Amendment and fee(s) are submitted for filing. PREDIENT WAS ATTES Name of Person JETICS CAPS CLITING ASSOCIATES LLC Firm/Company P. O. BOY 291542 Address The A FL 3067 City/State and Zip Code Ar Malling Address: (to be used for future annual report notification) ther information concerning this matter, please call: DR. MELLIN W.J. KIT CS Name of Person Area Code S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee
1/8T7 ES	CONSULTING ASSOCIATES LLC Firm/Company
P. 0. C	304 291542
TKHPI	S FL 32687
E-mail add	dress: (to be used for future annual report notification)
OR. MELVIN WJKNE Name of Person	at (112) 785.6293 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	ttus Certified Copy Certificate of Status & Certified Copy Certified Copy
,	Division of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

) WRIGHT CONSULTI,	NG ASSOCIA	TES, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears a ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed oni	23/2025	and assigned
Florida document number 120000029254			The same
This amendment is submitted to amend the following:			ં છુ
A. If amending name, enter the new name of the limited l	iability company here	<u>‡</u> :	
JAMES CONSLITTING ASSOCIA	ites, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>		
Enter new mailing address, if applicable:		_	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amonding the application of a part and (a particular of the state of the stat			6.1
B. It amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			
	nding name, enter the new name of the limited liability company here: TO GS CONSCITT NO PSS ON INTES, LINC me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviate principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: address MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the new registered office address here: lame of New Registered Agent:		
		, Florida	
	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>	<u>Name</u>	Address	Type of Action
MGR	DANIELLE UM NURISITI	6001 Newtown Girde #A	<u>'4</u> □Add
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Note:	ve date, if other than the date of filing:	207 (3 as th
ne record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies and the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of: (b) The 90th day after the decident of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the specifies at 12:01 a.m. on the earlier of the 12:01 a.m. on the 12:01 a.m. on the earlier of the 12:01 a.m. on the 12:01 a.m.	he
Dated _.	JUNE 24th 2020	
	melin Jang	
	Signature of a member or authorized representative of a member	
	On MELVIN JAMES. Typed or printed name of signce	