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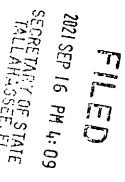
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10:	Registration Se Division of Cor				•	
		nsulting, LLC		4 • • • • • • • • • • • • • • • • • • •		
SUBJEC	ct: <u> </u>	Name of Lin	nited Liability Company	, =		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Victoria Bennett				
			Name of Person		_	
		Jade IP Consulting, LLC				
			Firm/Company		_	
		3144 NW 51st Place			2021 SEP SEGRET/ TALLA	
		•	Address			******
		Gainesville, FL 32605			元 6	Camera
			City/State and Zip Code		PM 4: 09 Y OF STATE (SSEE, FL) t
		info@jadeipc.com; victori	a@jadespc.com to be used for future annual report not	ification)	E.E. C	-
For furth	ner information c	oncerning this matter, please c	·	·	- H 9	
Victoria	a Bennett		352 575 0344			
Name of Person		at () Area Code Daytim	e Telephone Numb	er		
Enclosed	d is a check for the	he following amount:				
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Co			
	P.O. Box 632		The Centre of	Fallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

JADE IP CONSULTING, LLC

(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000041738</u> .	pany were filed on February 4, 2020	and assigned
This amendment is submitted to amend the following:		
· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	רים הים ice address on our records, <u>enter the</u>	Seme of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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 **Type of Action Address Name** Title ______ 🗀 Add _____ □Remove _____ Change _____ □Remove Change ____Remove ___Change 9 \square Add _____ □Remove □ Change _____ □Change

Article VI: Duration - The Con	npany's existence comm	nenced effective as	of February 4, 202	and it sl	hall	
exist perpetually thereafter unle	 ;					
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	Februar	y 4, 2020		1.11	9	
etive date, if other than the diffective date is listed, the date must be affective date inserted in this blockment's effective date on the Dep	be specific and cannot be p ck does not meet the app	olicable statutory f	r more than 90 days af	tional) der tiling.) his date v	Pursuant will not	to 605.02 be listed
ord specifies a delayed effective filed.	date, but not an effectiv	e time, at 12:01 a.	m. on the earlier of:	(b) The	: 90th da	iy after t
September 13	. 2021					
	_					

Filing Fee: \$25.00