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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Email	Address:		7	

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O SIMMONS MAR O 9 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Treadwell Consulting Group LLC		
(<u>Name of the Limited Liabili</u> (A Flondo	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 02/07/2020	and assigned
Florida document number L20000044528	<u>_</u> ·	
This amendment is submitted to amend the following:		2020 HAR 36
A. If amending name, enter the new name of the lim The new name must be distinguishable and contain the words "Lim	ited liability company here:	36 2
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI	O.F.C.C.	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our reco lress here:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	dress
		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>	<u>Address</u>	Type of Action
AMBR	Darryl Treadwell	8765 SW 208th St.	Add
		Cutler Bay FL 33189	☐ Remove
			——————————————————————————————————————
			36 D Add
			Add A H
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

			
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			- 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
Effective date, if other than the da	ate of filing:	(optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.)	e specific and cannot be prior to date of fit does not meet the applicable statut	iling or more than 90 days after filing.	Pursuant to 605,0207 (, will not be listed as the
the record specifies a delayed e) The 90th day after the record	effective date, but not an effe d is filed.	ective time, at 12:01 a.m.	on the earlier of:
Dated March 6	2020_		
	R: L. Tak gnature of a member or authorized repre		

Page 3 of 3

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Typed or printed name of signee