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A. BUTLER FEB 16 2022

COVER LETTER

Division of Corporations	
SUBJECT: TJ CONSULTING E Name of Limited Liab	ility Company
The enclosed Articles of Amendment and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Tacorr	calentino Game of Person
TJ Consulding	g & MGMT, LLC
3122 Mah	an Onto Ste 801-344
	2e, FL 303TO
E-mil address: (to be us	ted for future annual report notification)
For further information concerning this matter, please call:	
Tacorral Jenens Name of Person	at (SD) S15-9322 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
DO Day 6227	The Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company The Articles of Organization for this Limited Liability Company	á blaban
Florida document number	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3/22 Nahan Drite Ste 801. Tallahassel FL, 32308
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3122 Mahan Onto Ste 801-344 Tallahassee, FL 32308
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Mahan Druk St 801-344 Enter Florida street address Washington St 801-344 Lip 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

<u>Title</u>	Ameer Alexander	Address 1400 Mag Spales alassassa El	Type of Action Signature Type of Action Type of Ac
			Demove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Change
			□Add
			□Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
3122 Wahan Ones 801-344
Callahassee FC 30308
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated Oallo acomulation of a member of authorized representative of a member
Tacorca Lenkins Typed or printed name of signee

Filing Fee: \$25.00