120000068718

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000361404650

Park 1

14.33555.73 94.8 W 8 - 1.31202

200 mm 20 mm 17

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/8/2021		₩ WALK	<i>IN#</i> ≠
PS MATI	HIS CONSULTING AND EMPLOYEE DEVELOPMENT LLC	WALK	u v
ENTITY NAME NO WATE	TIS CONSOCTING AND LIVIT COTTLE DEVELOT MENT LEG		 .
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy		•
	Certified Copy		
	Certificate of Status		
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATION	ON	_	
NUMBER OF CERTIFICATI	ES REQUESTED	_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		·
Please call Tina at the	above number for any issues or concerns. Thank you so m	ruch!	

COVER LETTER

	on Section of Corporations					
RS M	lathis Consulting and Employee	Development LLC				
SUBJECT:	Name o	f Limited Liability Company	.			
The enclosed Artic	les of Amendment and fee(s) ar	e submitted for filing.				
Please return all co	rrespondence concerning this m	atter to the following:				
	Shama Stepp c/o Zen	Shama Stepp e/o ZenBusiness PBC				
		Name of Person	 			
	ZenBusiness PBC					
Firm/Company						
5900 Balcones Dr., Suite 5000						
		Address				
	Austin TX 78731					
	fulfillment@zenbusine E-mail add	City/State and Zip Code ess.com ess: (to be used for future annual report n	otification)			
For further informa	tion concerning this matter, ple		,			
Shama Stepp		844 493-6249 at ()				
Name of Person		Area Code Dayı	ime Telephone Number			
Enclosed is a check	for the following amount:					
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Stati		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Pagintration Section		Street Address:	Laction			
Registration Section Division of Corporations		——————————————————————————————————————	Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RS Mathis Consulting and Employee Development LLC

(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 $\underline{-03/02/2020}$ and assigned Florida document number | L20000068718 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4577 Nautical Court Enter new principal offices address, if applicable: Destin, FL 32541 (Principal office address MUST BE A STREET ADDRESS) 4577 Nautical Court Enter new mailing address, if applicable: Destin, FL 32541 (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: 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.

City

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
AMBR	Richard Mathis	4577 Nautical Court	
		Destin, FL 32541	
		<u></u>	■ Change
AMBR	Sara Mathis	4577 Nautical Court	□Add
		Destin, FL 32541	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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)(b) 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 ____03/03 2021 /s/ Richard Mathis Signature of a member or authorized representative of a member Richard Mathis

Filing Fee: \$25.00

Typed or printed name of signee