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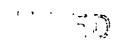
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	Registration Se Division of Cor		٠		
enn ir e		Consultants, LLC	•		
SUBJEC'	1:	Name of Limi	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please reti	urn all correspo	ondence concerning this matter	to the following:		
		Gregory J. Giannell			
			Name of Person		
		Mercurio Consultants, LLC			
			Firm/Company		
		333 Putnam Ranch Road			
			Address		
		West Palm Beach, FL 3340	05		
			City/State and Zip Code		
		ggiannell@gmail.com	o be used for future annual report noti	7.	
For furthe	r information c	oncerning this matter, please ca		neation)	
	J. Giannell		440 813-1318		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	he following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 0FB6ADAE-38D4-419F-91F7-4F4CE36DACD8 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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Mercurio Consultants, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liab Florida document number L20000073250		ere filed on 03/0	05/2020	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liabili	ty company her	<u>·e</u> :	
Mercurio Consulting, LLC				
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the de	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	OX)			
B. If amending the registered agent and/or registered office address b		dress on our re	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florie	da street address	_
			, Florida	
•		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete p ered agent as pr gistered office a	erformance of r ovided for in C	ny duties, and I am fa hapter 605, F.S. Or, a	miliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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It amending Authorized rerson(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
			□ Add
			□Remove
			Change
			🗆 Add
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	ate of filing: ———————————————————————————————————	to date of filing or more than to	(optional) 00 days after filing.) Pursuant to 60.	5,020 tad a
Note: If the date inserted in this bloc			ments, this date will not be us	icu a
Note: If the date inserted in this bloc locument's effective date on the Dep record specifies a delayed effective of	partment of State's records.			
Note: If the date inserted in this bloc document's effective date on the Dep record specifies a delayed effective of d is filed.	partment of State's records.			
DatedDocuSigned by:	date, but not an effective tin	me, at 12:01 a.m. on the ea	arlier of: (b) The 90th day afte	
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