L'Eurisian Land

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R. HUNT 04/a/23

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Equisave Consumer Name of Limited Lia	1/ting, LLC
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
	hnson Name of Person  Consulting
$\underline{Cqq5ave}$	E CONSULTING LLC
4846 N. U	Iniversity Dr. #236
<u>LAUDERHIU</u>	_, FL 55551 (A) = 1
City MEHFORDU E-mail address: (to be us	Siness Ogmail, Copy is add for future annual report notification)
For further information concerning this matter, please call:	
N.ell Johnson Name of Person	at ( <u>954</u> ) <u>854</u> <u>8909</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$ Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edusave Consulting, LLC

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

(Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{D3}{L2000}$  and assigned Florida document number  $\frac{L2000082285}{L2000082285}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOLLONINE BUSINESS SOLUTIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability 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) SAME Enter new mailing address, if applicable: (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.

Cirv

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:

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ord specifies a delayed effective date, but not an effective tir	me, at 12:01 a.m. on the ear	lier of: (b) The 90	th day after the
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d 13/27/20.23. Signature of a member or author			
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Signature of a member or autho	orized representative of a memb	per	
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