L200000 92993

(Requestor's Name)
(Address)
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COVER LETTER

то:	Registration Se Division of Cor		•	r
		nsulting Services, LLC	•	
SUBJE	C1:	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Edward C. Schultz		
			Name of Person	
		Schultz Consulting Service	es. LLC	
			Firm/Company	
		2884 Pinecrest Street		
			Address	
		Sarasota, FL 34239		
			City/State and Zip Code	
		eraigschultz1@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	ier information co	oncerning this matter, please c	all:	
Edward	C. Schultz		941 954-9243	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
≡ \$ 25	.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Schultz Consulting Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco (liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 03/30/2020	and assigned
Florida document number L20000092993		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		
	 .	> 03 EM
		AS O
Inter new mailing address, if applicable:		SE P
Mailing address MAY BE A POST OFFICE BOX)		
		in O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	er the name of the new regist
New Registered Office Address:	Enter Florida street addr	ess
	Florida	
·	- City	чогиа 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 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	Maria C. Rocha	2884 Pinecrest Street	
		Sarasota, FL 34239	■Remove
			□ Change
MGR	Edward C. Schultz	2884 Pinecrest Street	□Add
		Sarasota, F1, 34239	□Remove
			∃Change
			□Remove
			Change
			□ Add
			□Remove
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			<u>L1</u>	- 8
Tective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the December 2.	the specific and cannot be prior to di lock does not meet the applicable	nte of filing or more than 90 c statutory filing requireme	_ (optional) lays after filing.) Pursua ents, this date will no	ant to 605.0. of be listed
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th	day after t
September 28 ted	. 2020			
J. hays	Signature of a member or authorize			

Filing Fee: \$25.00