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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
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Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	
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COVER LETTER

TO:

TO: Registration S Division of Co				
	YANT TALENT MEDIA GRO	DUP LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JOCELYN PETIT-JEAN			2
Name of Person				924 1924
	FLAMBOYANT TALEN	T MEDIA GROUP LLC	<u>-</u>	2024 JAN -3 SEÇRE 1/5
Firm/Company			ં ન્ય	
	510 NW 24TH AVE APT	56	-	MH 11: 56
		Address		
	FORT LAUDERDALE, F	L 33311		711 01
		City/State and Zip Code		
	FLAMBOYANTCONSUL	~		
	E-mail address: (to be used for future annual report notific	ration)	
For further information	concerning this matter, please c	afl:		
JOCELYN PETIT-JEA	N	754 221-5352 at ()		
Name	of Person	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 & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations llahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAMBOYANT TALENT MEDIA GROUP LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/24/2020	and assigned
Florida document number L20000112032		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
FLAMBOYANT CONSULTING LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- 3 23
		<u> </u>
nter new mailing address, if applicable:		## L
		1.3 1.3 (T) (D) (* 1
Mailing address MAY BE A POST OFFICE BOX)	****	
		ni o
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, <u>enter</u>	r the name of the new regist
gent and/of the new registered office address here.		
N. C.Y. D		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ass.
	, FI	lorida
	City	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 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>	Name	Address		Type of Action
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				_ 🗆 Remove
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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 do Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	2:01 a.m. on the earlie	er of:
Dated		
JOCELYN PETIT-JEAN		

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