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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Congda Consulting Grap LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Canada Name of Person
CANADA Consulting Grap LLC
9833 MUTY MEADOW LANE
NAVACCE FL 32566  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Canada at (S75) 40S 3916  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANADA Consulting Group LLC		
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company were filed on	UE 3090	and assigned
Florida document number <u>L20000[6633]</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Thomas Anthony CANADA LLC		
Thomas Anthony Canaoa LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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:		•
		107
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		r=
Enter Florida stre	et address	-~o
	. Florida	
City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		0

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>	<u>Name</u>	Address	Type of Action
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n effi <u>te:</u>	the date, if other than the date of filing: 15 June 2001 (optional) (optional
ecore	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 d.
	15 June . 2021.
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ited	Signature of a member or authorized representative of a member