L20000200859

(Re	questor's Name)	
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(City	y/State/Zip/Phon	e #)
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OCT 12 2020

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		Consulting Solutions LLC		
Somet.		Name of Lin	nited Liability Company	•
The enclosed	d Articles of	Amendment and fee(s) are sub	amitted for filing	
		ndence concerning this matter	-	
		Dean Llewellyn		
			Name of Person	
		Llewellyn Consulting Solu	ntions LLC	
			Firm/Company	
		1029 West terranova Way		
			Address	
		Staint Augustine, FL 3209	2	
			City/State and Zip Code	
		dmllewellyn73@gmail.com	to be used for future annual report	notification
For further in	nformation co	oncerning this matter, please of	·	notificacion)
Dean Llewel	lyn		757 771-4578	3
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u> Dao	ling Address	<u>:</u>	Street Address	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TÓ:

Registration Section

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

Llewellyn Consulting Solutions LLC

1257 - 31 FR 4:01

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

(*****	Similar Side, in y Company,	
The Articles of Organization for this Limited Liability		220 and assigned
Florida document number L20000200859	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
		Florida
	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 amending Authorized Person(s) a thorized 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	10 et 11 e 01	Type of Action
MGR	Dean Llewellyn	1029 West Te	erranova Way	= Add
		Saint Augustí	ne, FL 32092	□Remove
				□Change
MGR	Titinesha Llewellyn	1029 West Te	erranova Way	= Add
		St. Augustine	, FL 32092	Remove
				□Change
				□Add
				□Remove
				□Change
			1	□Add
				□Remove
				□Change
		·		□ Add
		<u>., </u>		□Remove
				□Change
				□ Add
				□Remove
				□Change

		(20)
		2722 AL R. S. L. R. M. B. O. L.
		
·		
Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of shock does not meet the applicable states.	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 (autory filing requirements, this date will not be listed as the
he record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 4	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 25	2020	
Dated	7. 11/	

Filing Fee: \$25.00

Typed or printed name of signee