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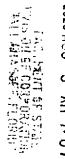
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COVER LETTER

TO:	Registration So Division of Cor			
orin m		CONSULTING, LLC	•	
SUBJF.	:СТ:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		RONALD K REID		
			Name of Person	
		RK REID CONSULTING	, L.I.C	
			Firm/Company	A. M. M. A. A. A. M. M. A. A. M.
		884 MUSGRASS CIRCLE	5	
		4	Address	
		WEST MELBOURNE, FL	ORIDA 32904-1818	
			ORIDA 32904-1818 City/State and Zip Code	
		RONALDKREIDT@GMA		
			·	otification)
For furt	ther information c	oncerning this matter, please of	ali:	
RONA	LD K REID		202 740-4005	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$25	5,00 Filing 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)

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

-2

RK REID CONSULTING, LLC				28	~~~
(Name of the Lim	ited Liability Compar (A Florida Limited L	iv as it now appears (ability Company)	on our records.)	320 NUG -	1 1
The Articles of Organization for this Limited I Florida document number 1,20000209170	Liability Company	were filed on 07	707/2020	AG and assig	ned T
This amendment is submitted to amend the fol	lowing:			1:0	1
A. If amending name, enter the new name	of the limited liabil	lity company hei	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the de	signation "LLC" or th	ie abbreviation "L.L.	<u></u>
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	N/A			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac ess here:	ddress on our re	cords, <u>enter the n</u>	name of the new r	<u>egisterec</u>
Name of New Registered Agent:	Grisel Reid				
New Registered Office Address:	884 Musgrass Ci			_	
		Enter Floria	la street address	**	
	West Melbourne		, Florida	32904 - 1818	
		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>	<u>Name</u>	Address	Type of Action
AMBR	Grisel Reid	884 Musgrass Circle	□Adi:
		West Melbourne, Florida 32904-1818	Remove
			□Change
			🗆 🗆 🗆 🗆
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Add
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			□Change
			
			□Remove
			□Change

		
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fective date, if other than the date o	filing: $7 - 7 - 2020$ (optional)	
in effective date is listed, the date must be spec	filing: 7-7-2020 (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Purs	suant to 605.0207
ocument's effective date on the Departme	s not incer the applicable statutory filling requirements, this date will	not be listed as
record specifies a delayed effective date. I	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	O. J O
is filed.	The you	n day after the
ited	2020	
Muns	16 h	
Signatur	e of a member or authorized representative of a member	

Filing Fee: \$25.00