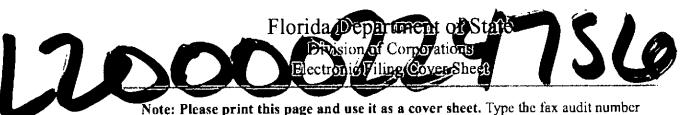
2020-12-03 15:31:07 CST

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From: Ranae McGraw

12/3/2020

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IRA JAFFE CONSULTING GROUP LLC

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Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRA JAFFE	CONSULTING GROUP LLC	
(Name of the Limited Linb (A Flor	ility Company as it now appears on our records ida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number <u>L20000224756</u>	Company were filed on 7/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Ira Jaffe Consulting LLC		207
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	1 5
Enter new principal offices address, if applicable:		C
(Principal office address MUST BE A STREET ADI	DRESS)	<u>ω</u> .
		<u> </u>
		∓
Enter new mailing address, if applicable:		<u>.=., </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent age	gistered office address on our records ddress here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
<u> </u>		orida
	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			
			Add			
			□ Remove			
			☐ Change			
			Add Remove			
			Change			
			☐ Add			
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Effec	tive date, if other tha Tective date is listed, the de	n the date of fi	ling:	5.51		(optional)	to 605 030
Note:	Tective date is listed, the da If the date inserted in the interest of the in	this block does no	ot meet the app	licable statutory	filing requiremen	ts, this date will n	ot be listed as
he re The	cord specifies a de a 90th day after the	layed effective record is file	e date, but i ed.	not an effecti	ve time, at 12	:01 a.m. on th	ne earlier o
Dated	November 30		2020				
waite		1/2					
		V			native of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00