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COVER LETTER

| TO: | istration Section ision of Corporations | |
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| | GOVERNMENTCONTRACTORCONSULTING, LLC | |
| SUBJE | Name of Limited Liability Company | |
| The enc | d Articles of Amendment and fee(s) are submitted for filing. | |
| Please r | all correspondence concerning this matter to the following: | |
| | MICHAEL NADOLSKI | |
| | Name of Person | |
| | Firm/Company | 2 |
| | 3085 TERRAMAR DRIVE | 2920 SEP 15 |
| | Address | -3 . |
| | NAPLES, FLORIDA 34119 | යා යා |
| | City/State and Zip Code | PH 3: 20 |
| | E-mail address: (to be used for future annual report notification) | 20 |
| For furt | nformation concerning this matter, please call: | |
| PAUL | CCHIANA, ATTORNEY AT LAW 239 596-0777 | |
| | Name of Person Area Code Daytime Telephone Number | _ |
| Enclose | check for the following amount: | |
| ■ \$ 25 | Tiling Fee Solution Status Solution Status Certified Copy (additional copy is enclosed) Solutional copy is enclosed) Solution Solution Status Certified Copy (additional copy is enclosed) Solution Sol | Status & y |
| | ding Address: gistration Section rision of Corporations Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOVERNMENTCONTRACTORCONSULTING, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2020}{1}$ _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOVERNMENT CONTRACTOR CONSULTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) دب 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida _ City 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

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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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil | ing or more than 90 days after | filing.) Pu | rsuant to 605. |
| te: If the date inserted in this block does not meet the applicable statute tument's effective date on the Department of State's records. | ory filing requirements, this | s date wil | l not be liste |
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| cord specifies a delayed effective date, but not an effective time, at 12:0 | I a.m. on the earlier of: (b |) The 90 | Oth day after |
| s filed. | | | |
| ed SEPTEMBER 8, 2020 | | | |
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| X Minkaul Classic Signature of a member or authorized repres | | | |

Filing Fee: \$25.00