KAC (CC) 33663H

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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STAT

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT.		NSULT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	
	HOUSTON, TX 77064		
	THE CLOS CONVERT CON	City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		1 888-462-3	3453
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 tadditional copy is enclosed)
Mailing Addres Registration		Street Address:	Santian
Division of C	Corporations	Registration S Division of C	
P.O. Box 632	27	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

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755	URETARY OF STATE	
pany were filed on 0	8)6572626400555. FL	and assigned
liability company l	<u>iere</u> :	
Liability Company," the	designation "LLC" or the ab	previation "L.L.C."
<u> </u>		
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fice address on our	records, enter the nam	e of the new registe
Enter Fl	orida street address	***
	F21 aud a1	
Cirv	, riorida	Zip Code
	mpany as it now appended Liability Company any were filed on liability company." the liability Company." the	mpany as it now appears on our records.) Ited Liability Company SECRETARY OF STATE TALL AHASSEE. FL. Itability company here: Itability Company

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>	Name	Address	Type of Action
			□Add
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			□ Change
			
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			Change

it amending any other inform	ition, enter change(s) here: (Attach a	iadinonai sneets, ij necessary.)
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**		
If an effective date is listed, the date mu	ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 or filing requirements, this date will not be listed as t
e record specifies a delayed effecti rd is filed.	e date, but not an effective time, at 12:01	a.ni. on the earlier of: (b) The 90th day after the
Dated March, 21	. 2022	
	Signature of a member or authorized representation	pratity of a mumber
		native of a member
	Selina Agyei Typed or printed name of sig	

Filing Fee: \$25.00