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COVER LETTER

Division of Cor	PSHALL ACCOUNTING AN	ND LOGISTICS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	JUŁES WRIGHT		
		Name of Person	
	WRIGHT GLOBAL CON	SULTANTS LLC	
		Firm/Company	
	1903 WILLESDON DR W	1	
		Address	
	JACKSONVILLE, FL 32	246	
		City/State and Zip Code	
	JULESWRIGHTMBA@GI	MAIL.COM to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	•	
JULES WRIGHT		904 412-3727	
Name o	f Person	at () Area Code Daytime	Telephone Number
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Enclosed is a check for the	_	C 655.00 FW F 0	T \$40.00 FILL F
■ \$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 (additional copy is enclosed)
<u>Mailing Addres</u>	<u>s:</u>	Street Address:	
Registration S		Registration Sect	tion

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

TO:

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

FILED

2022 MAY 23 AM 8: 33

JULES MARSHALL ACCOUNTING AND LOGISTICS LLC

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on $_-^{08/24/2020}$ and assigned Florida document number L20000262202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WRIGHT GLOBAL CONSULTANTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1903 WILLESDON DR W Enter new principal offices address, if applicable: JACKSONVILLE, FL 32246 (Principal office address MUST BE A STREET ADDRESS) 1903 WILLESDON DR W Enter new mailing address, if applicable: JACKSONVILLE, FL 32246 (Mailing address MAY BE A POST OFFICE BOX) 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: JULES WRIGHT Name of New Registered Agent: 1903 WILLESDON DR W New Registered Office Address: Enter Florida street address **JACKSONVILLE** Florida 32246

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.

Citv

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
N/A	N/A	N/A	□Add
		 	□Remove
			□Change
			□Add
			□Remove
		 	□ Change
			□Add
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NOT LIM	ITED TO: ACCOUNTING,	TAX, NOTARY	, FINANCIAL F	LANNING, ACAI	DEMICS, COACH	ЦNG,
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Filing Fee: \$25.00