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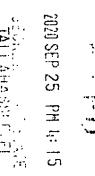
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates o | f Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

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| TO: Registration S Division of Co | | | | |
|---|--|---|----------------------|----------|
| MAJOR C SUBJECT: | ONSULTING LLC | | | |
| эовлест: | Name of Lir | nited Liability Company | | |
| The enclosed Articles of | `Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all correspondent | ondence concerning this matter | r to the following: | | |
| | ALEXANDER BLACK | | | |
| | | Name of Person | | |
| | MAJOR CONSULTING | LLC | | |
| Firm/Company | | | | |
| | 3100 SW 35TH PL. #10D | | | |
| | | Address | | |
| | GAINESVILLE/FLORID | A 32608 | | |
| | | City/State and Zip Code | , t.f. | 20; |
| | ABLACK2315@GMAIL.C | | | 2020 SEP |
| For further information c | E-mail address: (oncerning this matter, please c | (to be used for future annual report notification) | | EP 25 |
| ALEXANDER BLACK | | 352 222-0795 | SS: | R |
| Name o | f Person | at () Area Code Daytime Telephone Number | mi mi mi mi | ļ: 15 |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate (additional copy is enclosed) Certified C (additional co | of Status lopy | |
| <u>Mailing Addres</u> Registration S | | Street Address: Registration Section | | |
| Division of C | orporations | Division of Corporations | | |
| P.O. Box 632 | | The Centre of Tallahassee | | |
| Tallahassee, I | ·L 32314 | 2415 N. Monroe Street, Suite 810 |) | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp. (A Florida Limited | iny as it now appears on our records.) | | |
|---|---|---------------------------|--|
| (A Florida Limited | Liability Company) | | |
| he Articles of Organization for this Limited Liability Company | were filed on 9/01/2020 | and assigned | |
| lorida document number 1.20000272828 | | | |
| This amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." | |
| Inter new principal offices address, if applicable: | | _ ~ ~ | |
| Principal office address MUST BE A STREET ADDRESS) | _ | 120 | |
| | | SEP . | |
| | | - N | |
| nter new mailing address, if applicable: | | S S | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| Saming address SIAT IDE. IT OST OF TICE BOXY | | 77 | |
| | | <u> </u> | |
| . If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter the</u> | name of the new regist | |
| Name of New Registered Agent: | - | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florid | | |
| | City | Zip Code | |

New Registered Agent's Signature, if changing Registered Agent:

MALION CONTRACTOR

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 | ALEXANDER BLACK | 3100 SW 35TH PL. #10D | ■Add |
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| DESPITE BEING THE REGISTERED AGENT, I, ALEXANI | DER BLACK, NEED TO B | E THE AUTHO | RIZED |
|--|--------------------------------|--|---------------------------|
| PERSON ON BEHALF OF THIS COMPANY. | | | |
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| etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date if the date inserted in this block does not meet the applicable start of the date inserted in this block does not meet the applicable start of the date. | of filing or more than 90 days | optional) after filing.) Pursu , this date will no | ant to 605 of be liste |
| ment's effective date on the Department of State's records. | | | |
| ord specifies a delayed effective date, but not an effective time, at filed. | 12:01 a.m. on the earlier o | f: (b) The 90th | day after |
| SEPTEMBER 21,2020 | | | |
| All Bull | | | |
| | epresentative of a member | | |

Filing Fee: \$25.00