## K20000 289533

(Requestor's Name)
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(Durings Entit N
(Business Entity Name)
(Document Number)
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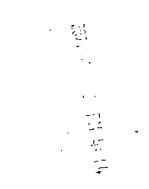
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## **COVER LETTER**

	Registration Se Division of Cor					
CHDIEC	EGP Consu	dting LLC				
SUBJEC	T:		ited Liability Company	<del></del>		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Jenny Countz				
			Name of Person			
		ZenBusiness Inc				
			Firm/Company			
	5511 Parkerest Dr., Suite 103					
	Address					
		Austin, TX 78731				
	City/State and Zip Code					
	fulfillment@zenbusiness.com					
		E-mail address: (	to be used for future annual report notif	ication)		
For furthe	er information co	oncerning this matter, please ca	all:			
Jenny Co	ountz		844 493-6249 at ( )			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EGP Consulting LLC		
(Name of the Limited Liabit (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Organization for this Liability Organi	Company were filed on 03/08/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address MAY BE A POST OFFICE BOX)		records, <u>enter the name of the new</u>
Name of New Registered Agent:		, 25
New Registered Office Address:		
	Enter Florida stree	et address
New Registered Agent's Signature, if changing Registere	City	Florida ————————————————————————————————————
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	•	

If Changing Registered Agent, Signature of New Registered Agent

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 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	Revae Lawrence	8504 Waterstone Boulevard	, 
		Fort Pierce, FL 34951	
			Remove
			Change
AMBR	Joshua M Koprowski	2990 sw collings dr.	■ Add
		Port St. Lucie, FL 34953	□ B
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			☐ Change
			Remove
			□ Change

D. Hame	ending any other	information, enter cl	nange(s) here:	(Attach additional s	heets, if necessary.)	
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Note:	If the date inserted	than the date of filing the date must be specific and in this block does not no on the Department of S	neet the applicabl	date of filing or more that e statutory filing requ	<b>(optional)</b> in 90 days after filing.) Pu irements, this date wil	rsuant to 605.0207 (3)th I not be listed as the
		delayed effective d the record is filed.	ate, but not a	an effective time,	at 12:01 a.m. on	the earlier of:
Dated	October 8		2021	,		
	/s/ Michael	S Lawrence		red representative of a m		
	Michael S Lav		nember or authoriz	red representative of a m	ember	

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Filing Fee: \$25.00

Typed or printed name of signee