## L20000296089

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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08/17/24--01024--005 **\*\***25.00

## **COVER LETTER**

	e Consulting, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Daniel Zanini		
		Name of Person	
	Fourth Circle Consulting,	LLC	
		Firm/Company	<del></del>
	7512 Dr. Phillips Blvd. Sto	2.50-161	
		Address	
	Orlando, FL 32810		
	dan@fourtheireleconsulting	City/State and Zip Code	
	<del>-</del>	to be used for future annual report not	fication)
For further information ed	oncerning this matter, please c	all:	
Daniel Zanini		407 468-5678	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

bility Company as it now appear rida Limited Liability Company)	s on our records.)	
y Company were filed on Se	ptember 21, 2020	and assigned
:		
îmited liability company h	ere:	
Limited Liability Company," the c	lesignation "LLC" or the abb	reviation "L.L.C."
DRESS)		<u>.</u>
ered office address on our r <u>e</u> :	ecords, <u>enter the name</u>	e of the new registe
Enter Flo	rida street address	
	Florido	- :
City	, r tortua	Zip Code
	imited liability company he defined Company," the description of the company is company. The defined office address on our regardance is company.	imited liability company here:  Limited Liability Company," the designation "LLC" or the abb  DRESS)  ered office address on our records, enter the name re:  Enter Florida street address , Florida

## 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 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>	<u>Address</u>	Type of Action
AMBR	Joseph Scalo	7512 Dr. Phillips Blvd. Ste.50-161, Orlando, FL 328	19 <b>≣</b> Add
			Remove
			Change
			□Add
			🗀 Remove
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ffective date, if other than the d an effective date is listed, the date must book the late in this block document's effective date on the Dep	ate of tiling: c specific and cannot k does not meet the	e applicable statu	iling or more than 90 tory filing requires	(optional) ) days after filing.) Purnents, this date will	suant to 605.0207 not be listed as
record specifies a delayed effective of is filed.	date, but not an effi	ective time, at 12:	01 a.m. on the ear	lier of: (b) The 90	th day after the
June 10.	2024	1			
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<del>\</del>	gnature of a member	or authorized repr	esentative of a mem	per	