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FILED SECRETARY OF STATE DIVISION OF CORPORATION 2023 AUG 28 PM 3: 12

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COVER LETTER

TO: Registration Section . Division of Corporations

Phillips Consulting Solution LLC / Amended Name Change SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya Phillips Name of Person **Phillips Consulting Solutions** Firm/Company 123 AUG 28 PM 3: 4530 St Johns Ave Ste 15 Address Jacksonville, Florida 32210 Citv/State and Zip Code phillipstl1@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 904 226-8515 Tanya Phillips ati Davtime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **S**25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section Registration Section**

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

Phillips Consulting Solutions, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>November 3, 2020</u> and assigned

Florida document number L20000356310

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Phillips Consulting Solutions Agency, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr.	
	I	`lorida Zin Code

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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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g: August 23. 2023	Ig: (OD(IONAI)	Image: August 23, 2023 (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60

August 23 Dated	2023	
Saled <		
	Signature of a member or authorized representative of a member	
	Tanya Phillips	
	Typed or printed name of signee	

Filing Fee: \$25.00