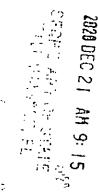
L20000365285

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

Office Use Only



400356697264



O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	120000001	L95	
		REFER	RENCE	:	501544	8324707	
		AUTHORIZA	MOIT	:	Syrell &	ena	
		COST I	IMIT	:	\$ 25.00	.,,,	
ORDER D	ATE :	November 6,	2020		·		
ORDER T	IME :	12:54 PM					
ORDER N	0. :	501544-005					
CUSTOME.	R NO:	8324707					
		DOMEST	'IC AME	NDM	ENT FILING	3	
1	NAME :	LAGNIAPPE	: CONSU	LTI	NG, LLC		
E	FFECTIV	E DATE:					
		OF AMENDMEN ARTICLES OF		POF	ATION		
PLEASE 1	RETURN	THE FOLLOWIN	G AS PI	ROC	F OF FILIN	IG:	
XX	PLAIN	TIED COPY STAMPED COPY ICATE OF GOC		DIN	f G		

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2829 DEC 21 AM 9: 15

LAGNIAPPE CONSULTING, LLC

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

The Articles of Organization for this Limited Liability Company v Florida document number L20000365285	were filed on	11/18/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," th	ne designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			···-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on ou	r records, enter the name	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Fnter I	Florida street address	
	2/1101 1		
	City	, Flo rida	Zip 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.

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

2020 DEC 21 AM 9: 15

<u>Title</u>	Name	Address Singuistry of the	Type of Action
AMBR	Tony Lagman	Address Surface Private Plants 2829 Yellow Jacket Drive ATE 2829 Yellow Jacket Drive	🔳 Add
		Vernon, FL 32462	□Remove
			C) Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
		· · · · ·	□Remove
		<u> </u>	Change
			□Add
			□Remove
			Change

•	ED
If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.) 2929 DEC 21 AM 9: 15
	STOR WHO MITTER
	THE SEE, FL
 .	
-	
-	
	
Effective date, if other than the date of fili	ing: (optional)
(If an effective date is listed, the date must be specific a Note: If the date inserted in this block does no document's effective date on the Department o	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of meet the applicable statutory filing requirements, this date will not be listed as if State's records.
ne record specifies a delayed effective date, but nord is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
fennifer H. Lagman Signature of	a member or authorized representative of a member
Jennifer M Lagman	
	Typed or printed name of signee

Filing Fee: \$25.00