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## COVER LETTER

TO:

Division of Corporations   Culver Forensic Consulting, LLC    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:    Name of Person	TO: Registration Se		y "				
Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following.    Keegan Culver	Division of Cor	rporations	L	***	3		
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:    Keegan Culver		ensic Consulting, LLC	•				
Reegan Culver		Name of Lim	nited Liability Company		•		
Reegan Culver		•				• ••	
Name of Person	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Name of Person  Culver Forensic Consulting, LLC  Firm/Company  4600 Summerlin Rd., Ste. C-2 #518  Address:  Fort Myers, FL 33919  City/State and Zip Code keegan.r.culver@gmail.com  E-mail address: (to be used for future annual report notification);  For further information concerning this matter, please call:  Keegan Culver  239 849-5954  at (	- Please return all correspo	ondence concerning this matter	to the following;				
Culver Forensic Consulting, LLC  Firm/Company = 4600 Summerlin Rd., Ste. C-2 #518  Address:  Fort Myers, FL 33919  City/State and Zip Code   Keegan.r. culver@gmail.com  E-mail address: (to be used for future annual report notification);  For further information concerning this matter, please call:  Keegan Culver  239 849-5954  Aren Code  Dayt[me Telephone Number-  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{Mailing Fee} \text{ S60.00 Filing Fee} \text{ Certificate of Status} \text{ Certificate Opy (additional copy is enclosed)} \text{ Certificate Opy (additional copy is enclosed)} \text{ Preet Address:} \text{ Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee} \text{ Street, Suite 810} \text{ Site 810} \text{ Monroe Street, Suite 810}	•		·· <u>·</u>		774,7		
Culver Forensic Consulting, LLC  Firm/Company  4600 Summerlin Rd., Ste. C-2 #518  Address:  Fort Myers, FL 33919  City/State and Zip Code  keegan.r.culver@gmail.com  E-mail address: (to be used for future annual report notification);  For further information concerning this matter, please call:  Keegan Culver  1239 1349-5954  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810		Keegan Culver				•	
Fort Myers, FL 33919  City/State and Zip Code   Recgan.r.culver@gmail.com			Name of Person			· ·	
Address:  Fort Myers, FL 33919  City/State and Zip Code keegan.r.culver@gmail.com  E-mail address: (to be used for future annual report notification) (  For further information concerning this matter, please call:  Keegan Culver    Name of Person   Area Code   Daytime Telephone Number    Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)      Certificate of Status   Certified Copy (additional copy is enclosed)		Culver Forensic Consultin	g, LLC *** *			***	
Address:  Fort Myers, FL 33919  City/State and Zip Code keegan.r.culver@gmail.com  E-mail address: (to be used for future annual report notification):  For further information concerning this matter, please call:  Keegan Culver  Name of Person  Name of Person  Area Code  Dayt[me Telephone Number  Dayt[me Telephone Number  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Address:  Registration Server, Suite 810			Firm/Company -				ing Fee, e of Status & Copy opy is enclosed
City/State and Zip Code   keegan.r.culver@gmail.com   E-mail address: (to be used for future annual report notification);   For further information concerning this matter, please call:     239	ı	4600 Summerlin Rd., Ste.	C-2 #518			ř.	
City/State and Zip Code    Keegan.r.culver@gmail.com		<del></del>	Address		7.	·.	
E-mail address: (to be used for future annual report notification);   For further information concerning this matter, please call:   Keegan Culver	~	Fort Myers, FL 33919	··:				
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Name of Person   Area Code   Daytime Telephone Number		E-mail address: (	to be used for future annua	l report notific	ation) (	<u> </u>	
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S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	Name o	f Person	<del></del>	Daÿt[me ]	Telephone N	umber	
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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		. *****					•
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	Tallahassee, l	FL 32314	2415 N	l. Monroe	Street, Su	ite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Culver Forensic 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 were filed on 11/24/2020; and assigned Florida document number 1.20000370439 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	Name	<u>Address</u>	Type of Action
MGR	Keegan Culver	4600 Summerlin Rd.	🖸 Add
		Ste. C-2 #518	Remove
,		Fort Myers, Fl 33919	
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n effective date is listed, the date mustee: If the date inserted in this blument's effective date on the D	t be specific and cannot be prior ock does not meet the applic	able statutory filing requirem	days after filing.) Pursuant to 605
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December 8	2020		,
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Freyen K.	Symptom of a market as a such	Sant annual and the latest to	
Keyan K.	Signature of a member or author	orized representative of a member	<u>.</u>

Filing Fee: \$25.00