LZO 000373158

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2/8/21

COVER LETTER

Div	ision of Corp	orations		`	
UBJECT:		CONSULTING LLC			
ODJECI.		Name of Lim	ited Liability Company		
e enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
se retur	n all correspor	ndence concerning this matter	to the following:		
		Daniel Selnick			
			Name of Person		
Firm/Company					
500 NE Spanish River Blvd Ste 26 Address					
		edconsulting49@hotmail.co	to be used for future annual report notifi	ication)	
τ.	information co	oncerning this matter, please ca	all:		
t	nick		561 271-2777 at ()		
•	Name of	Person		Telephone Number	
	check for th	e following amount:			
	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

ration Section
on of Corporations
ox 6327
usee, FL 32314

Registration Section

Э:

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

WE'S STORY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number 1,200,003,73158	were filed on November 30, 2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ollity company here:	
new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
er new principal offices address, if applicable:		~
acipal office address MUST BE A STREET ADDRESS)		102
		<u> </u>
		-:
new mailing address, if applicable:		· - m
re address MAY BE A POST OFFICE BOX)		
THE MAT BE ATOST OFFICE BOX		ω
vending the registered agent and/or registered office ad/or the new registered office address here:	address on our records, enter the na	ime of the new registo
Name of New Registered Agent:		
lew Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

'ed Agent's Signature, if changing Registered Agent:

ept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the fall statutes relative to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is merely reflect a change in the registered office address, I hereby confirm that the limited liability 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	Daniel Selnick	500 NE Spanish River Blvd Ste 26	≅ Add
		Boca Raton, FL 33431	□ Remove
			Change
MGR	Daniel Selnick	500 NE Spanish River Blvd Ste 26	🖺 Add
		Boca Raton, FL 33431	□Remove
			Change
			Change Add
			Remove
			☐ Change
-			□Add
			□Remove
			Change
			
			□Remove
		-	□ Change
			□ Add
			□Remove