L20000375243

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
era rezer.	NSULTING, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	*Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Richard R. Matthias, Esq.		
		Name of Person	·····
	Matthias & Matthias, PL		
		Firm/Company	
	700 West Morse Blvd., Sui	te 201	
		Address	
	Winter Park, Florida 32789		
		City/State and Zip Code	
	info@matthiaspw.com E-mail address: (1	o be used for future annual report notif	fication)
For further information (concerning this matter, please ca	•	•
Dana Schaal		407 691-3300	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 633	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPW CONSULTING, LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number L20000378243	.iability Compan	y were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or	registered office	address on our records, ente	er the name of the new register
agent and/or the new registered office addre	ess here:		
	N/A		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addr	'ess
		, F	Florida <u>o</u> B
		City	· Zip Code : • •
New Registered Agent's Signature, if changing	- '-		e Ge
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complet istered agent as registered offic	e performance of my duties, i provided for in Chapter 605	and Lam familiar with and 5. F.S. Or, if this d oc umentis
	If Ch	anging Registered Agent, Signature	e 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard R Matthias	140 East Kings Way	□Add
		Winter Park, Florida 32789	≣Remove
			□Change
MGR	Catherine B Matthias	700 West Morse Blvd., Suite 201	= Add
		Winter Park, Florida 32789	□Remove
			□Change
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ffect	ive date, if other than the date of filing:(optional)
an eff <u>ote:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
recor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Deumher 15 2021 BMaHlivas Signature of a member or authorized representative of a member
	(BM) Hias
	Signature of a member or authorized representative of a member
	Catherine B. Matthias
	Typed or printed name of signee

Filing Fee: \$25.00