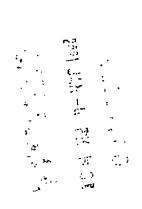
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/04/2021	_		₩WALK IN₩
ENTITY NAME BRIC	K STREET CONSULTI	ING, LLC	
DOCUMENT NUMBER_	L20000383340		
	PLEASE FILE THE	E ATTACHED AND RETURN	
XXX	Plain Copy		
	Certified Copy Certificate of Status		
*	*PLEASE OBTAIN THE FO	DLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts	& Amendments	
	Certificate of Good Stan	ding	
	APOSTILLE' / NO	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: 120160000	072
Please call Tina at i	the above number for a	any issues or concerns. Thank you	so much!

COVER LETTER

Brick	Street Consulting LLC		
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Tunk of Illin	ned Eldonity Company	
The enclosed Article	es of Amendment and fee(s) are sub	emitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Kate Wood		
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	
	5900 Balcones Drive, Suit	e 5000	
		Address	
	Austin, TX 78731		
	6.1611	City/State and Zip Code	
	fulfillment@zenbusiness.co E-mail address: (to be used for future annual report noti-	fication)
For further informat	ion concerning this matter, please c	all:	
Kate Wood c/o Zen	Business PBC	844 493-6249	
N:	ame of Person		e Telephone Number
Enclosed is a check	for the following amount:		
≡ \$25.00 Filing F	ee S30.00 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 A		Stungt Address	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Brick Street Consulting LLC		
(Name of the Limited Liabilit	v Company as it now appears on our records.) Limited Liability Company)	
(A) folia	Climited Clabinty Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/8/2020	and assigned
Florida document number L20000383340	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Julie Wilson Consulting LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 <u>5.</u> 5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new register
agent andror the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		~
	Enter Florida street address	
	. Flori	da
	City	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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			🗆 Change
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Effective date, if other than the flan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	e date of filing: ust be specific and canno block does not meet th	e applicable stati			.) Pursuant to 605,020
e record specifies a delayed effect ord is filed.	ve date, but not an eff	ective time, at 12	2:01 a.m. on the e	arlier of: (b) Th	ne 90th day after the
Dated	, 202	20			
/s/ Julie A. Wils	on				
	Signature of a membe	r or authorized rep	resentative of a mer	mber	
Julie A. Wilson					

Filing Fee: \$25.00