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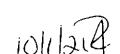
(Requestor's Name)
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COVER LETTER

	istration Sec ision of Corp			
OUD IDOT		Consulting LLC	,	
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Lora Dikun		
			Name of Person	
		Lora Dikun Consulting LL	С	
			Firm/Company	
		14091 Heritage Landing B	lvd, Unit #144	
			Address	
		Punta Gorda, FL 33955		
			City/State and Zip Code	
		loradikun@gmail.com		
			to be used for future annual report notified	mon)
For further in	iformation co	oncerning this matter, please ca	all:	
Lora Dikun			412 491-2406	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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)
	iling Address gistration S		<u>Street Address:</u> Registration Secti	on
Division of Corporations			Division of Corpo	orations
). Box 632 Iahassee, F		The Centre of Tal 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lora Dikun Consulting LLC			
(Name of the Limited Li: (A Fl	ability Company as orida Limited Liabi	s it now appears on our rec ity Company)	cords.)
The Articles of Organization for this Limited Liabili Florida document number L20000391307	ity Company wer	e filed on December 15,	2020 and assigned
This amendment is submitted to amend the following	g:		
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 C	ompany," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: 25	5186 Longmeadow Drive	
(Principal office address MUST BE A STREET AL	Pures Condo El 22055		
	_		
Enter new mailing address, if applicable:	14	1091 Heritage Landing Bl	lvd. Unit 144
(Mailing address MAY BE A POST OFFICE BOX	$Q = \frac{\overline{P}}{\overline{P}}$	ınta Gorda, FL 33955	
B. If amending the registered agent and/or regist	 tered office addi	ess on our records, en	ter the name of the new regis
agent and/or the new registered office address he			
Name of New Registered Agent:			
	5186 Longmeadov	/ Drive	
		Enter Florida street ad	ldress 182
Pι	unta Gorda		Florida <u>33955</u> = .
_		City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		·	□ Change
			□Add
			□Remove
			☐ Change

-	
-	
i -	New Pricipal Address:
	25186 Longmendow Drive
1	Punta Gorda, FL 33955
-	
-	New Mailing Address:
	14091 Heritage Landing Blvd., Unit 144
	Punta Gorda, FL 33955
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an efi <u>ote:</u>	ive date, if other than the date of filing:
ecor is fi	ed 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	September 18 2021
	ALUS IX
	Signature of a member or authorized representative of a member