120000396607

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500396354665

1 31 33-40 104 470 ******37.0

R. HUNT

PROTECT AN 3:51



COVER LETTER

ro: Registration Se Division of Cor					
SUBJECT:	andsays Administra	ution Support LLC. ited Liability Company	<u></u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Lindse	y Johnson		_	
	,	Name of Person			
	Line	tsey's Administration Sy Firm/Company			
		7th St. N	 !	AH 3:5	S
	Oi /	Address	r	3: 51	موس
	<u></u>	City/State and Zip Code			
	E-mail address: (Johnson 161 @ hot mail . Com	Cation)		
for further information co	oncerning this matter, please co	all:			
Lindsey John Name of	YXCr\ Person	at (<u>269</u>) <u>598 · 3</u> Area Code Daytime	714 Telephone Number		
Enclosed is a check for th	e following amount:				
2 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallaharaan El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2416 M. Manney Charact Caller 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lindseys Administra		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/21/2020	and assigned
Florida document number 12000039 6607		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	Mi Cielito Consulting LL	_C
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applicable:	1000 17th St. N	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33713	
		Ps1
Enter new mailing address, if applicable:	<u></u>	(2)
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	- ਤਿੰਸ	••
agent and/or the new registered office address here.	<u> </u>	
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi,	p 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 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
AMBR	Christopher Whalen	1000 17th St. N.	2 Add
		1000 17th St. N. St. Petersburg, FL 3371	Z □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		ASSER, FL	Change Change Addy Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

								_
								
	_		-					
								_
		· 						
								_
								
· · ·					.			
							78	
							7.7.7.	
							21	 L
						388 40	7	Ermand)
						E. F.L	_မှာ မာ	
· · · · · · · · · · · · · · · · · · ·					 			_
	,							
						_		
ective date, if other the effective date is listed, the	tan the date of fi date must be specifi	filing: c and cannot be	prior to date o	f filing or more	(opti than 90 days afte	ional) r filing.) Pur	suant to 6	605,020
te: If the date inserted i cument's effective date of				utory filing re	quirements, th	is date will	not be li	isted a
	·							
cord specifies a delayed	effective date, bu	t not an effect	tive time, at 1	2:01 a.m. on t	he earlier of: (b) The 90	th day at	fter the
s filed.								
	18 B		2.					
led October								
ned October	J.		<i>!</i>					