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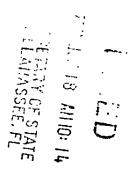
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Pertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUDIFOT	850 EXPER	RT LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		DINA BODEAN		
			Name of Person	
			Firm/Company	
		7466 UNIVERSAL BLVI) UNIT 1407	
			Address	
		ORLANDO FL 32819		
			City/State and Zip Code	
		IAMDINAB@GMAIL.CO		
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)
DINA BOD	EAN		646 3263117 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number FL
Enclosed is	a check for th	ne following amount:		
≡ \$25.00 l	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 Addres gistration S		Street Address: Registration Sec	tion
		Corporations	Division of Corp	orations
	D. Box 632 Ilahassee, 1		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

850 EXPERT LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 12/29/2020	and assigned
Florida document number 1.21000006702		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BODEAN CONSULTING GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		H
•••		SC A
Mailing address MAY BE A POST OFFICE BOX)		AMIO: SEE.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		Florida
	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>	<u>Name</u>	Address	Type of Action
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		-	□ Remove
			□Add
			□Remove
			Change
			□Add
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			Change

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ed June 13 , 2024 . Ballon							
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Signature of a member of authorized representative of a member		Signature of a member of sur	on	at a member			
	DINA BODEAN						
DINA BODEAN							

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