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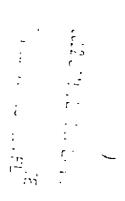
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## **COVER LETTER**

TO: Registration Se Division of Co			
	CE CONSULTING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CARY ATWOOD		
		Name of Person	
	SUNDANCE CONSULTI	ING LLC	
		Firm/Company	
	NDANCE CONSULTING LLC  Name of Limited Liability Company  icicles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:  CARY ATWOOD  Name of Person  SUNDANCE CONSULTING LLC  Firm/Company  790 PATH ST N. SUITE 300  Address  ST PETERSBURG, FL 33702  City/State and Zip Code  CARYATWOOD@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  D  Area Code  Area Code  S330.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Address:  ration Section  Privision of Corporations  Street Address:  Registration Section  Division of Corporations		
		Addr <del>e</del> ss	
	ST PETERSBURG, FL 33	3702	
		City/State and Zip Code	
	<b></b>		(GALLELAN)
For further information of		•	incation)
CARY ATWOOD		,	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		<del></del>	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632			
Tallahassee,	F L 32314	2413 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records. Liability Company)		
(A Florida Limited The Articles of Organization for this Limited Liability Company Florida document number L21000023424	were filed on 01-08021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1798 S MOORING DR		
(Principal office address MUST BE A STREET ADDRESS)	INVERNESS, FL 34450		
Enter new mailing address, if applicable:	320 S LECANTO HWY, STE 1032		
(Mailing address MAY BE A POST OFFICE BOX)	LECANTO, FL 34460		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe		
Name of New Registered Agent:			
New Desirement Office Addisons			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and		

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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ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this bloc	e specific and cannot be prior	to date of filing or more	than 90 days after filing.) Pu	
ument's effective date on the Dep			equilibrius, tins dute wil	i not of noted a
cord specifies a delayed effective of	late, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
s filed.				
JANUARY 10	2022			
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Cany as	gnature of a member or auth	orized representative of	a member	

Filing Fee: \$25.00