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From:

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Account Number: 120010000062 Phone: (323)962-8600

: (323)962-3889 Pax Number

\*\*Enter the email address for this business entity to be used for future aroual report mallings. Enter only one email address please. \*\* [

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUNNING WITH SCISSORS CONSULTANTS LLC

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## **COVER LETTER**

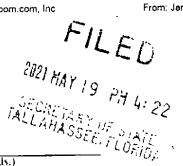
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0150 1000		WITH SCISSORS CONSULT/	ANTS LLC					
SUBJECT:Name of Limited Liability Company								
The enclos	sed Articles of A	Amendment and fee(s) are subm	itted for filing.					
Please rett	ırn all correspor	ndence concerning this matter to	the following:					
		Cheyenne Moseley						
		W	Name of Person					
		Legalzoom.com, Inc.						
			Firm/Company					
		101 N Brand Blvd 11th Fi						
			Address	<u> </u>				
		Glendale, CA 91203						
			City/State and Zip Code					
		hh@brucejhershey.com						
		E-mail address: (to	o be used for future annual report notif	ication)				
For furthe	r information c	oncerning this matter, please ca	11;					
Cheyenn	e Moseley		800 773-0888					
	Name o	l'Person	at () Area Code Daytime	e Telephone Number				
Enclosed	is a check for th	ne following amount:						
\$25.0	0) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RUNNING WITH SCISSORS CONSULTANTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/29/2021 \_\_\_\_\_ and assigned Florida document number <u>L21000053121</u> This amendment is submitted to amend the following: 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 Company," the designation "LLC" 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_\_\_\_

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

City

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

· Page: 5 of 6

<u> Title</u>	Name	Address	Type of Action
MGR	STEPHEN P OLENSKI	15108 WIND WHISPER DR. ODESSA, FL 33556	🗖 Add
			Remové
			Change
AMBR	BRUCE J HERSHEY II	15108 WIND WHISPER DR. ODESSA, FL 33556	Add
			☐ Remove
			■ Change
AMBR	JENNIFER D HERSHEY	15108 WIND WHISPER DR. ODESSA, FL 33556	
			Remove
			Change
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