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TO:

Registration Section

Division of Cor	porations	,			
	ONSULTANTS, LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	•			
		_			
	Dave Roberts, CPA, CGM	Α			
		Name of Person			
	Dave Roberts CPA, PA			7 22	
		Firm/Company		PE 25	
	14 NE 1st Avenue suite 80	31		2022 JUL -1	
		Address		<u> </u>	America F
	Miami, FL 33132			AH II: 34 OF STAIR EFFLORID	; []
		City/State and Zip Code		H: 3	
	info@drobertspa.com			igen 🗜	
	E-mail address: (to be used for future annual report notif	ication)		
for further information c	oncerning this matter, please c	all:			
Dave Roberts CPA, CG	MA	305 777 - 1699 at ()			
Name o	f Person	Area Code Daytimo	: Telephone Number		
Inclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	rtion		
Division of C		Division of Cor			
P.O. Box 632	-	The Centre of T	•		
Tallahassee			Street Suite S1	n	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGMT CONSULTANTS, LLC			
(Name of the Limi	(A Florida Limited I	ny as it now appears on our r hability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L21000072667	iability Company	were filed on <u>02/11/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Mgmt Services, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		-1 2
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		7022 1A1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office a	address on our records, <u>c</u>	enter the name of the new register
Name of New Registered Agent:	Dave Roberts C	PA, CPA	
New Registered Office Address:	14 NE 1st Aver		
-		Enter Florida street (
	Miami	City	_, Florida ³³¹³² Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	·	Zijev ina
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ed agent and agr	ee to act in this capacity	v. I further agree to comply with thes, 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. Thereby confirm that the limited liability

company has been notified in writing of this change.

If Thomaing Pogistered 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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