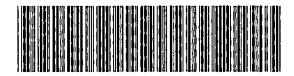
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Co			
Raith Cons	sulting, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heather Buchanan		
		Name of Person	· ,
	C/O Raith Consulting, LL	С	
		Firm/Company	
	1943 Country Meadows V	√ay	
		Address	
	Sarasota FL 34235		
		City/State and Zip Code	
	raithconsulting.llc@gmail.c		 _
		to be used for future annual report notifica	tion)
For further information of	concerning this matter, please of	all:	
Heather Buchanan		540 207-3696 at ()	
Name o	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Malling Addres</u> Registration S		Street Address: Registration Section	on.
Division of C		Division of Corpor	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raith Consulting, LLC						
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{03}{}$	22/2021	an	ıd assigne	d
Florida document number L21000131879	·					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	oility company he	<u>re</u> :			
N/A						
The new name must be distinguishable and contain the wo	rds "Limited Liab	lity Company," the de	signation "LLC" or the	he abbreviation	on "L.L.C."	
Enter new principal offices address, if applica	ble:	N/A	····			
(Principal office address MUST BE A STREET ADDRESS)				•	2521	
				, •	<u> </u>	
				•	<u>-</u>	
Enter new mailing address, if applicable:		N/A				<u>.</u>
(Mailing address MAY BE A POST OFFICE B	ox)			-	_ _	
				:-		
				<u></u>	. က	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our re	cords, <u>enter the r</u>	name of the	e new reg	istere
Name of New Registered Agent:	N/A		<u> </u>			
New Registered Office Address:	Name of New Registered Agent:					
		Line: 1 IUI	Dir cee waar 533			
		Cin	, Florida		Toda .	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Heather Buchanan	1943 Country Meadows Way, Sarasota FL 34235	
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
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ective date, if other than the	date of filin	g:			(optio	nai)	
n effective date is listed, the date must te: If the date inserted in this bl	t be specific and	d cannot be prio	r to date of fili	ng or more than	90 days after f	iling.) Pursua	nt to 605.02
cument's effective date on the D	epartment of	State's records	i.	y ming requi	iemens, uns	date will no	t oc fisted i
cord specifies a delayed effectives filed.	e date, but not	t an effective (ime, at 12:01	a.m. on the o	earlier of: (b)	The 90th	lay after th
		12:00 p.m.					
ted		٠	<u> </u>				
ted 08/09/2021	Rusha	· —	<u> </u>				
ted 08/09/2021	Lulis Signature of a	member or auth	orized represe	entative of a me	mber		