L21000187941

(Requestor's Name)	
	A state was	
{,	Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP	☐ WAIT	MAIL
ب		<u>ل</u> ــا
(Business Entity Name)	
	~	
(Document Number)	
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COVER LETTER

TO:	Registration So Division of Cor		•		
		NINVESTMENTS, LLC			
SUBJ	IECT:	Name of Lim	ited Liability Company	<u> </u>	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
		MILYN K JONES			
			Name of Person		
		JAMIESON CONSULTIN	G FIRM, LLC		
			Firm/Company		
		4737 NW 41ST STREET	SUITE #803		
			Address		
		MIAMI, FL 33178			
			City/State and Zip Code		
		JAMIESONINVESTMENT	•		
			to be used for future annual report not	(fication)	
For fu	irther information c	oncerning this matter, please c	all:		
MILY	'N K JAMIENSON		754 332-3017 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclo	sed is a check for the	ne following amount:			
■ \$.	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy cadditional copy is enclosed)	
	Mailing Addres		Street Address:		
	Registration ! Division of C		Registration Se Division of Co		
	P.O. Box 632	27	The Centre of	Fallahassee	
	Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMIESON INVESTMEN'	TS.	LLC
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(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 I. Florida document number <u>L21000187941</u>	iability Company	were filed on $\frac{04/22/2021}{}$	<u> </u>	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
JAMIESON CONSULTING FIRM, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation	m "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applie	rable:	4737 NW 41ST ST		
(Principal office address MUST BE A STREA		SUITE 803	<u> </u>	
		DORAL, FL 33178	7 G	
Enter new mailing address, if applicable:		4737 NW 41ST		
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 803	<u></u>	= [-]
		DORAL, FL 33178	<u> </u>	- 52 - 51
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	• •	MIChel 333 SE	le Adde 2ng Au #2 Mia	200 200 1mi F1 3313
	-140R-A1-		Florida 33178	Ç a
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u>:</u>		
Thereby accept the appointment as registere				

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
44GR_	MI LYN K JAMIE SON	4737 NW ALST STREET SUITE 803	
		D ORAL, 41, 33178	□Remove
			□Change
MGR- ABDIELJAMIESON-	ABDIEL-JAMIESON	4737 NW 41ST STREET_SUITE 803-	
	DORAL, Ft. 33478.	□Remove	
			□Change
	-		
			□Remove
			□Change
			□Add
		-	□Remove
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lf an effe <u>Note:</u>	date, if other than the date of filing: 6/27/2022 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.
ord is fil	
Dated]	NE 27 2022
•	- HA Solling
	Signature of a member or authorized representative of a member MILYN K JAMIESON Addled Addled .

Filing Fee: \$25.00