## LZ1000188476

(Re	equestor's Name)	
(Ad	ldress)	
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· ·	•	
(Cil	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJEC	MCLabson	Consultation and Education L	LC			
30000		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		Margherita C. Labson				
		<del></del>	Name of Person			
		MCLabson Consultation a	nd Education LLC			
			Firm/Company			
		18335 SW 42 Lanc				
		<del></del>	Address			
		Newberry, Fl., 32669				
		labson.margherita@outlook	City/State and Zip Code			
		_ <del>-</del>	to be used for future annual report notif	lication)		<i>~</i> 1
For furth	er information co	oncerning this matter, please co	all:		2021	(2)
Margher	rita C. Labson		954 325-7128 at ( )		74. 74.	7
	Name of	Person		e Telephone Number	7 2u	- 0-9
Enclosed	l is a check for the	e following amount:			<b>&gt;</b> =	3
<b>≡ \$</b> 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Mailing Address	<u>:</u>	Street Address:			

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCLabson Consultation and Education LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on April 22, 2021	and assigned
Florida document number L2100088476		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
<sup>i</sup> /A		
//4 he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<u>.</u>	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	·	· <del></del>
Mailing address MAY BE A POST OFFICE BOX)	<del>/</del>	
		<i>C</i> •
	:	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new regis
gent and/or the new registered office address here.	•	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	,	7 24
Name of New Registered Agent:		
New Registered Office Address:		D ;
New Registered Office Fladiess.	Enter Florida street address	<del></del>
	<b></b>	2և
<del>/</del>	, Florida	Zip Code

## 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 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>	<u>Address</u>	Type of Action
MGR	Jeffrey C. Labson	18335 SW 42 Lane, Newberry, FL., 32669	□Add
			=Remove
			□Change
			□Add
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
		- <del></del>	——□Change
<del></del>		· · · · · · · · · · · · · · · · · · ·	→ Add : 7
			Remove
			A   Change
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

will go forward as a member managed organization with only 1 member.		
	-	
		<u>.    </u>
	~	
		7821
		<u> </u>
		<u>2</u>
		<u> </u>
	· · ·	<del></del>
tive date, if other than the date of filing: May 18, 2021	(antional	Ŋ
Tective date is listed, the date must be specific and cannot be prior to date of filing or multiple of the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	ore than 90 days after filin	g.) Pursuant to 605
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. oiled.	on the earlier of: (b) T	'he 90th day aftei
May 20 , 2021		
Macfuck C. Lalist C. Signature of a member or authorized representative		

Filing Fee: \$25.00