## 121000205865

(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHAS SEE, FL

(A)

## COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:AS	Name of Limit	ISULTING L red Liability Company	LC_
The enclosed Articles of A	mendment and fec(s) are sub-	nitted for tiling.	
Please return all correspon	dence concerning this matter t	to the following:	
·	ASC COLT	Name of Person  CONSULTING  Firm/Company	
	3404 Ar	Firm/Company  J TO N CT.  Address	SECRETA
	info@a:	Firm/Company  J To N CT.  Address  F L 34/6  City/State and Zip Code  S CONT CO NS V/H; N to be used for future annual report notificall:  at (20/ ) 427-  Area Code Daytime	ASSEE, OF STATE
For further information co	oncerning this matter, please ca	all:	_
MARIO Name of	Person	at ( <u>201</u> ) <u>427</u> Area Code Daytime	- 0 93 O Telephone Number
Enclosed is a check for th			
女 \$25.00 Filing Fee	□ \$30.00 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASCENT CONSU (Name of the Limited Liability Comp (A Florida Limited)	JLTING	LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our Liability Company)	<u>records.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000205865}{L}$ .	y were filed on5/	/3/21	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
ASCENT AMERICAS L The new name must be distinguishable and contain the words "Limited Liab	LC		8	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	offity Company, the designation	ALLAHAS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEE, FL	÷ 0	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name o	f the new registere	<u>d</u>
Name of New Registered Agent:	<del></del>	<del>-</del>		
New Registered Office Address:	Part 17 - 17 - 17			
	Enter Florida strev			
	City	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 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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			□Remove SEC
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Effective date, if of an effective date is lis	ther than the d	ate of filit	ng:	neine to date	of tiling or t	nore than 90	(optic	filing.) Pu	rsuant to	605,020
Note: If the date ins	erted in this bloc	ek does nou	meet me a	ppineagic a	tatutory fili	ng requirem	ents, this	date wil	I not be	listed as
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e record specifies a c	lelayed effective	date, but no	ot an effect	ive time, a	t 12:01 a.m	on the earl	ier of: (b	The 9	0th day :	after the
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