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A. BUTLER SEP 2 2 2022

COVER LETTER

TO:

TO: Registration S Division of Co			
	KI CONSULTING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDREW F. FORD, ESQ).	
		Name of Person	
	JOHNSON POPE BOKER	CRUPPEL & BURNS LLP	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	490 1ST AVENUE SOUT	H. SUITE 700	
		Address	
	ST, PETERSBURG, FLO	RIDA 33701	
		City/State and Zip Code	
	DREWF@JPFIRM.COM		
For further information	r-mail address: (concerning this matter, please c	to be used for future annual report not	iff(cation)
	•		
ANDREW FORD, ESQ		727 999-9900 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	the following amount:		
☑ \$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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 63		The Centre of 2415 N. Monre	
P.O. Box 63 Tallahassee.			Tallahassee oe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

ZULAWSKI CONSULTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Agent's Signature, if changing Registered A	Enter Florida Cuy	street address, Florida Zip Code	
Name of New Registered Agent:	<u>.</u>	, Florida	
Name of New Registered Agent:	Enter Florida	street address	
Name of New Registered Agent:			
agent and/or the new registered office address here:			
B. If amending the registered agent and/or registered of	office address on our reco	rds, enter the name of the new registere	<u>d</u>
Truming data can be provided in the case of the case o			
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited	d Liability Company." the desig	nation "LLC" or the abbreviation "L.L.C."	
BLUE BOX TALENT GROUP, LLC			
A. If amending name, enter the new name of the limite	d liability company here:		
This amendment is submitted to amend the following:			
Florida document number			
1.21000224786		and assigned	
The Articles of Organization for this Limited Liability Con Florida document number 1.21000224786	npany were filed on MAY	14, 2021 \ and accimed	

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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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an effective <u>(ote:</u> If the	ate, if other than the date is listed, the date must date inserted in this blo effective date on the De	t be specific and cannot book does not meet the	applicable statute	ling or more than 90 da	(optional) ays after tiling.) Pursuan ants. this date will not	t to 605,0207 be listed as (
l is filed.	cifies a delayed effective		ctive time, at 12:0)1 a.m. on the earlie	r of: (b) The 90th di	ay after the
ated	JUNE 15	. 2022				
	In Illi					
•	1	Signature of a member	or authorized repre-	sentative of a member	-	

Filing Fee: \$25.00