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07/23/21



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Dation Consulting U.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Metiss, Wren Name of Person
Southern Patriot Consilting U.C.
208 Bentley Oaks Blud Address
Advirdale FL 33823 City/State and Zip Code
State (Date of 77 @ Gma.). Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Moliss Une at (863) 557-0118 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ buther Patrot C	onsulting CCC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	ility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>La Icocas JISO</u> .	re filed on <u>Size</u> 2, 20.	<u> </u>	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability	Company," the designation "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
_			
			,
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the nai	ne of the n	ew registere
agent and/or the new registered office address here:		76	*≇
N. Chi. D. Sarand A		.>	1
Name of New Registered Agent:			\J
New Registered Office Address:	Enter Florida street address	24	
			•
	, Florida	Zip Cod	<u> </u>

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
President Ambo	Charles Andrew Wen	208 Bentley Ociks B	Add
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ffective date, if of	ther than the date o	of filing: (\mathcal{Q},∂)	-4.3071	(optional	2	
an effective date is lis Note: If the date ins	ted, the date must be spec	cific and cannot be pri- es not meet the appl	or to date of filing or m icable statutory filin	ore than 90 days after filing g requirements, this date	g.) Pursuant to 605	5.0 2 07 ed as
record specifies a d	elayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day afte	r the
	(/ O-3		·			
Dated 6, 2	1.5021		1 ~			
Dated 6, 2			horized representative			

Filing Fee: \$25.00