L21000273017

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2022 JULY 11, AH 10: 14

COVER LETTER

1. 1.

TO:

Registration Section

Tallahassee, FL 32314

SUBJECT:	sulting Group LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Angela N Davis			
		Name of Person		********
	Davis Consulting Group L	LC		
		Firm/Company		
	Post Office Box 13743			
		Address		
	Taffahassee, FL 32317			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	Angela@davisconsultantgr			
	E-mail address: (to be used for future annual	report notification)	
For further information c	oncerning this matter, please c	all:		
Angela Davis		850 591	1-7299	
Name o	f Person	Area Code	Daytime Telephone N	umber
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Cei Iosedi Cei	.00 Filing Fee. rtificate of Status & rtified Copy fitional copy is enclosed
Mailing Addres		Street Ag		
Registration 9		-	ation Section	
Division of C P.O. Box 632	•		n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Davis Consulting Group, LLC	2022 JUH 14 AH 10: 14			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000273077</u> .	were filed on $\frac{\text{June } 9,2021}{\text{June } 9,2021}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Davis:Consultant Group, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L,L,C,"			
Enter new principal offices address, if applicable:	Angela Davis			
(Principal office address MUST BE A STREET ADDRESS)	501 S. Blairstone Rd			
	Tallahassee, FL 32301			
Enter new mailing address, if applicable:	Angela Davis			
(Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 13743			
	Tallahassee, FL 32317			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registere			
	Florida			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

1. 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 =	Man	ager	
	1	•	•

A	MB	R =	Au	tho	rized	M	em	bei
7	7117	I.	Tu	*****	117.14			

<u>Title</u>	<u>Name</u>	<u>Addresso022</u> JUN 14 - 유위 10: 14	Type of Action
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			⊡Remove
			□Change
			□Remove
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lf an effec <u>Note:</u> H	e date, if other than the date of filing:
e record : rd is filec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	10/14/2021
	$$ $$ $$ $$ $$ $$
Dated	10/14/2021

Typed or printed name of signee