K21000320022

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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A. BUTLER NOV 1 5 2021

COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT:5	TEEL PLYER Name of Limite	Z Consulting Company	G SERVICES ((
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	- Piones	SAN FREDERIN	<u>co J</u>
	STEEL TWE	COSUTING SENTIC	es lle
	4474 Wes	STON RD #2	94
-	DAVIE FL INFO @ PM (33331 City/State and Zip Code CONSULTING SOLUTION be used for future annual report notif	ication)
For further information cone	erning this matter, please cal		
NATAGA M Name of Pe	OGDA rison	at (<u>786)</u> 773- Area Code Daytime	7034 Telephone Number
Enclosed is a check for the fo	ollowing 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21000320022</u> 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 Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AP_	SHAWN PATRICK GILL	500 E LAS OLAS BLVD # 200. FORT LAWDENDAGE FL 33301	2 Add
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Page 3 of 3

Filing Fee: \$25.00