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(Re	questor's Name)	
(A.)	t>	
DA)	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
	- Fribale	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
arin ta am	Looking Gl	ass Human Resources Consulti	ing	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ronald Louisdhon		
			Name of Person	
		Looking Glass Human Res	ources Consulting	
			Firm/Company	
		15810 SW 48 Manor		
		Address		
		Miramar, FL 33027		
			City/State and Zip Code	
		ronaldlouisdhon@gmail.cor	n to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	·	
Ronald Louis	sdhon		305 788-2479	2021 TAI
	Name of	f Person	Area Code Daytime	Felephone Number (7)
Enclosed is a	check for th	e following amount:		P.
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	ling Address gistration S	Section	Street Address: Registration Sect	ion
	rision of C	orporations 7	Division of Corporate Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recording Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000322510</u> .	pany were filed on July 15, 2021	and assigned
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 I	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	927
	 .	
		2 P
Enter new mailing address, if applicable:		77
(Mailing address MAY BE A POST OFFICE BOX)		, 11
		2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new register
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
New Degistered Agent's Signature if changing Degistered Ag	•	гу слае

Looking Glass Human Resources Consulting

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 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>	<u>Address</u>	Type of Action
MGR	Monica Griffin	15810 SW 48 Manor	□∧dd
		Miramar FL, 33027	≣Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add 202 □ Remove 7
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			□ Remove
			□Change
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			□Remove
			Change

202
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Typed or printed name of signee