MAICOO325362

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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SECHETARY OF STANE

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Applie	ed Management	Services, LLC			
SUBJECT:	_	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jasmine Jam	es			
		Name of Person			
Firm/Company					
	1712 Pioneer	Ave			
		Address			
	Cheyenne, \	WY 82001			
	aupport3@ww	City/State and Zip Code			
		omingcompany.c			
For further information of	oncerning this matter, please c	all:			
Jasmine Jan	nes	.307 . 632-33	33		
Name of Person		at (307 Area Code)	me Telephone Number		
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 enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection		
Division of C	Corporations	Division of Corporations			
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	oe Street, Suite 810		
•		Tallahassee F	1 32303		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

Applied Management Services, LLC

2022 JUL 22 PM 3: 16

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

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 7/16/2021 and assigned Florida document number $\underline{L2}1000325362$ 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 "L.L.C." 5241 Jericho Ave Enter new principal offices address, if applicable: North Port, FL 34288 (Principal office address MUST BE A STREET ADDRESS) 5241 Jericho Ave Enter new mailing address, if applicable: North Port, FL 34288 (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: Enter Florida street 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

_, Florida _

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
MGR	ABC Consulting, LLC	1712 Pioneer Ave Ste 700	<u>00</u> □ _{Add}
		Cheyenne, WY 82001	
MGR	Stephy E Opatola	5241 Jericho Ave	
		North Port, FL 34288	□Remove
			□Change
			□Add
			□Remove
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cord specifies a delayed effective of sfiled.	date, but no	ot an eifectiv	e time, at 1	2:01 a.m. or	the earlier o	of: (b) The 9	Oth day	after the
		2020						
_{ed} July 13th		., <u>2020</u>	·					
,	/	5020 Amember or a	utharized co-	resentative o	f a mamhar			_