## KZ1 CCO 336483

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	_
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## **COVER LETTER**

TO: Registration S Division of Co					
Client-Ce	ntric LLC				
SUBJECT:	Name of Lin	nited Liability Company			
Miles and the second	6.				
	f Amendment and fee(s) are sub	<del>-</del>			
Please return all corresp	oondence concerning this matter	to the following:			
	James H. Ray				
		Name of Person			
	J Ray CPA, PC			207 55	
		Firm/Company	·	TORRI ALL	-
	3760 Sixes Road, Suite 12	6-253		2021 JUL 30 PM 3: 03 SECRETARY OF STATE TALL AHASSEE, FL	
		Address		30 PM	ŗ
	Canton, GA 30114			SE SE SE SE	C
	jraycpa@gmail.com	City/State and Zip Code		E OS	
		to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all;			
James Ray		404 994-5104 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Addre Registration Division of O P.O. Box 63:	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Client-Centric LLC	
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	is it now appears on our records.) hty Company)
he Articles of Organization for this Limited Liability Company wer lorida document number <u>L21000336483</u> .	re filed on 07/26/2021 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
lient-Centric Solutions LLC	.a. P
ne new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	# <del> 3                                   </del>
nter new mailing address, if applicable:	PM 3: 03
Auiling address MAY BE A POST OFFICE BOX)	111
If amending the registered agent and/or registered office addent and/or the new registered office address here:	ress on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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

Zip Code

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 Title Title Name. <u>Address</u> Type of Action \_\_\_\_\_ □Remove \_\_\_\_\_ □Change  $\square$ Add \_\_\_\_\_ □Remove \_\_\_\_\_ 🗆 🗀 Add

Change

\_\_\_\_\_ □Change

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