## L21000338683

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lome George, Sr.				
	·	Name of Person			
	ISLAND BREEZE MANAGEMENT & CONSULTATIVE SERVICES, LLC				
	-	Firm/Company			
	2909 Hunters Lane				
	<del></del>	Address			
	Oviedo, Florida 32766				
	lgcorgetalent@gmail.com	City/State and Zip Code			
		to be used for future annual report not	tification)		
For further information of	concerning this matter, please c				
Lorne George, Sr	-				
_	of Person	at (407 ) 636-0561 Area Code Daytir	ne Telephone Number		
Name (	ii i cison	Area code 174yiii	Telephone (Junio)		
Enclosed is a check for t	he following 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		Street Address:	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLAND BREEZE MANAGEMENT & CONSULTATIVE SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ 07/26/2021 \_\_\_\_\_ and assigned Florida document number L21000338683 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Analytics, Insights & Technology Consulting Strategy, LLC 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: Enter Florida street address . Florida Cuy

## 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.

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>	Address	Type of Action
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Filing Fee: \$25.00