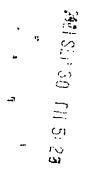
## LZI OCO 359363

Office Use Only



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09/30/21--01028--005 \*\*25.00



OCT 06 2021

## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
	Consulting LLC				
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 corre	spondence concerning this matter	to the following:			
	Jacqueline Quiroga				
	<del> </del>	Name of Person			
	ZenBusiness INC				
	<del></del>	Firm/Company	<del></del>		
	5511 Parkerest Drive STE	103			
	Address				
	Austin, Texas, 78731				
		City/State and Zip Code			
	fulfillment@zenbusiness.co	om to be used for future annual report not	16		
For further information	on concerning this matter, please c		meanon)		
Jacqueline Quiroga c	/o ZenBusiness INC	844 493-6249			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for	or the 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)		
<u>Mailing Ado</u> Registratio		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2011 SEP 30 PH 5: 28

Pollock Consulting 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  $\frac{08/10/2021}{1}$ \_\_\_\_\_ and assigned Florida document number 1.21000359363 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pollock Stills Consulting LLC The new name must be distinguishable and contain the words "Limited 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) 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 \_\_\_

## 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

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>	941 8E- 30 PH 5: 28 Address	Type of Action
AMBR	Dylan Stills	19108 Blessings Lane	<b>=</b> Add
		Timberville, VA 22853	Remove
			□Change
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			□Remove
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fective date, if other than the date of filing:			(optional)	
in effective date is listed, the date must be specific and carriote: If the date inserted in this block does not meet				
cument's effective date on the Department of State			mements, time dute	
ecord specifies a delayed effective date, but not an e	effective time at	12:01 a.m. on the	earlier of: (b) The	e 90th day after the
is filed.	incerve time, at	12.01 4 611 415	currer on (v)	, your day uner me
September 27th 20	021			
.rcu	•			
/1/72	anielle Pollo	ck		
Signature of a mem	ber or authorized r	epresentative of a r	nember	
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Filing Fee: \$25.00