

121000404586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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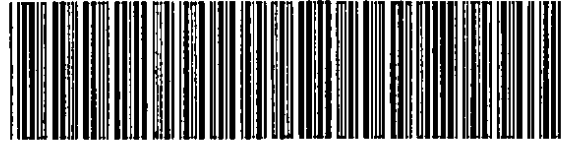
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
PAID BY REQUESTOR

2022 MAR -4 PM 7:12

FILED

J SIMMONS

MAR 11 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A2H CONSULTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUNA HALL

Name of Person

A2H CONSULTING LLC

Firm/Company

4815 CAINS WREN TRL

Address

SANFORD FL. 32771

City/State and Zip Code

lunah32@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUNA HALL

(407) 506-2371

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION **FILED**
OF**

2022 MAR -4 PM 7:12

A2H CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.) OF STATE
(A Florida Limited Liability Company) **FILED IN** STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 13, 2021 and assigned
Florida document number L21000404586.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A2H CONSULTING ENGINEERS 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 _____
City Zip Code

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

2

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____ ☐ Add

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 27, 2022

Loom Hall

LOUNA HALL

Filing Fee: \$25.00