Florida Department of State Division of Comporations
Electronic Filings Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : PARASEC
Account Number : 120180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rlsos@parasec.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGT CONSULTING LLC

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Help

To: 18506176383 From: 19165766992 Date: 03/03/22 Time: 6:19 PM Page: 03/05

(((H22000081950 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AGT CON	SULTING LLC		CAHASSEE FLORIDY
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on _	9/20/2021	and assigned
A. If amending name, enter the new name of the limited lia	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	orlity 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 agent and/or the new registered office address here:	address on our	records, <u>enter the</u>	name of the new registers
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Citv	, Florid	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.

To: i8506176383 From: 19165766992 Date: 03/03/22 Time: 6:19 PM Page: 04/05 (((H220000819503)))

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jordan Epstein	8154 STONE LEAF LN, TAMPA, FL 33647	[3] Add
			□Remove
			□Change
			🗆 Add
			☐ Remove
	*		or '□ Ad d >
			- □Remove
			Remoyō Change
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			□Remove
			□Change
			🗆 Add
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			©Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b) The 90th day after the record is filed. March 2 Dated ignature of a member or authorized representative of a member

Date: 03/03/22 Time: 6:19 PM Page: 05/05

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To: 18506176383 From: 19165766992

Filing Fee: \$25.00

Jordan Epstein
Typed or printed name of signee