121000443450

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	ITS CONSULTING, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMES H. COMFORT		
		Name of Person	
		Firm/Company	
	20261 WILDCAT RUN D	RIVE	
		Address	
	ESTERO, FL 33928		
	intialning@nmail.no.m	City/State and Zip Code	_
	jctitleist@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c		
CHRISTOPHER PRICE	:	239 325-5070 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	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 Registration		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC INSIGHTS CONSULTING, L		
(Name of the Lim	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited I lorida document number L21000443450	Liability Company were filed on 10/11/2021	and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
Inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, <u>e</u> ess here:	ater the name of the new registe
Name of New Registered Agent:	CHRISTOPHER G. PRICE	
New Registered Office Address:	999 VANDERBILT BEACH ROAD STE 2	00 ddress
<u>-</u>	Enter Florida street a	
	NAPLES	, Florida ³⁴¹⁰⁸ ්
	City	7in Coda

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

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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
MGR	JAMES C. COMFORT	20261 WILDCAT RUN DRIVE	□Add
		ESTERO, FL 33928	A Remove
			□Change
MGR	JAMES H. COMFORT	20261 WILDCAT RUN DRIVE	&/Add
		ESTERO, FL 33928	□Remove
			□ Change
			□Add
			□Remove
			□Change
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	, the date must be specific ed in this block does r	c and cannot be prior not meet the applic	to date of filing or mor able statutory filing:	e than 90 days after fi requirements, this c	ling.) Pursuant to 605.020 late will not be listed a
n effective date is listed, te: If the date inserte	ate on the Department	of State's records.		-	
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is filed.			me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
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