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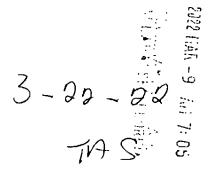
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Consulting Wil	th <u>Resources</u> , and Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Alyssa Tro	Name of Person	
	Consulting	with he sources Firm/Company	LLC
	4521 Dec	Largetion Dr Address	
	<u> Nissimme</u>	e, FL 34746 City/State and Zip Code	
	Alyssa trache E-mail address: (t	o be assect for future annual report noti	
For further information of	oncerning this matter, please ca	dl:	
Alyssa Tro	(he i Person	at (40) 793- Area Code Daytim	6072 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 OF

The Articles of Organization for this Limited Liability Company were filed on 10/29/2021 and assigned Florida document number L 21000 47/101 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 __

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 amehding 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>	Name	Address	Type of Action
MGR	Manny Blue	304 E. Pine st STE 1163	🗀 Add
		Lakeland, Fl 33801	DRemove
			□Change
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			270 270 270 270 270 270 270 270 270 270
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to degree. If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, if filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed 23 February , 2022 . Aly Mignature of a Thember or authorize	ed representative of a member
, maintain of a method of audiotize	on representative or a mollithal