## LZZ000035431

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2022 FEB | 4 PM |: 50

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## **COVER LETTER**

TO: Registration So Division of Cor					
0x64 Const	ult LLC		,		
Name of Limited 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:			
	Johnathan Adair				
	Name of Person				
	0x64 Consult LLC				
	Finn/Company				
	13040 Royal George Ave				
		Address			
	Odessa/Florida 33556				
	City/State and Zip Code				
	0X64CONSULT@gmail.co	orn to be used for future annual report not	(Continue)		
For further information of	concerning this matter, please c		meanon,		
Johnathan Adair		727 5051423			
Name of Person			ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	action		
Registration Section Division of Corporations		Registration So Division of Co			
P.O. Box 6327		The Centre of	•		

P.O. Box 6327 Tallahassee, FL 32314

the second

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

0x64 Consult LLC

company has been notified in writing of this change.

2022 FEB 14 PM 1:50

(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 January 18 2022 \_\_\_\_\_ and assigned Florida document number L22000035431 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ox64 Consult LLC 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

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>	Name	Address	Type of Action
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filir ck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)( ry filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01	1 a.m. on the earlier of: (b) The 90th day after the
Dated February 08	. 2022	
	Signature of a member or authorized represe	entative of a member
Johnathan Adair		
	Typed or printed name of si	ignee