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ECRETARY OF STATE

A. BUTLER MAR - 8 2022

COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT:	REGNUS CON	SULTING LLC 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:	
	MARCUS	5 J. LOCKETT Name of Person	
	REGNU	15 CONSULTING LLC Firm/Company	·
	4301 32	nd St. W #32	
	BRADE	NION FL 3420. City/State and Zip Code	5
	E-mail address: (© REGNUSACQ. CO to be used for future annual report noti	M fication)
For further information c	oncerning this matter, please ca	all:	
	-	at () Area Code Daytin	
Name o	f Person	Area Code Daytin	ne 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 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

0	<u></u>		,
Name of the Limiter	CONSULTING L Liability Company as it now ap Visionida Limited Liability Company	LC 7071 FEB 28 AM .	7: 41- -
(2	V Florida Limited Liability Compa	SECRETARY OF S	T
The Articles of Organization for this Limited Lia	tilita Campana ayar filad ay	ON TALLAROSS.	IATE <u>F</u> iand assigned
-		- 02/04/2022	rand assigned
Florida document number <u>L 22000061</u>	<u>339 </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability compan	y here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," t	he designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OV)		
(Mutting united MAT DE AT 031 OFFICE D	<u></u>		
B. If amending the registered agent and/or re-	vistered office address on o	ir records, enter the name	of the new registered
agent and/or the new registered office address		ii records, enter the name	or the new registered
Name of New Registered Agent:			
			
New Registered Office Address:	Enter	Florida street address	
	ranc)		
	City	, Florida	Zip Code
	Ciţ		гар Соце

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 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
AMBR	HOWARD LOCKETT III	337 PINE TERRACE DRIVE,	% Add
		Ruskin, FL 33570	□Remove
			□ Change
			🗆 Add
			□Remove
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Effective date, if other than the date of filing: 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 order; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. 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 dis filed. Signature of a member or authorized representative of a member HOWARD LOCKETT TITE Typed or printed name of signee.		
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