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SECRETARY OF STATE
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STORES OF CORPORATIONS

10EV.MIS

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Consulting LLC		
SUBJECT:	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:	
	Michelle Leader		
		Name of Person	
	New Phase Consulting LL	С	
	_	Firm/Company	
	3935 Ellen St		
		Address	
	Hephzibah, GA 30815		
	-	City/State and Zip Code	
	newphaseconsulting@outlo		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Michelle Leader		706 589-0011 at ()	
Name o	f Person	Area Code Daytim	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		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	=	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Phase Consulting LLC			
(Name of the Limited Liability Comps (A Florida Limited	nv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 17, 2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	924 N Magnolia Ave		
(Principal office address MUST BE A STREET ADDRESS)	STE 202 PMB 1079		
	Orlando, FL 32803		
Enter new mailing address, if applicable:	924 N Magnolia Ave		
(Mailing address MAY BE A POST OFFICE BOX)	STE 202 PMB 1079		
	Orlando, Fl. 32803		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	nme of the new regis	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	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.

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>N</u> ame	Address	Type of Action
MGR	Michelle Leader	3935 Ellen St	□Add
		Hephzibah, GA 30815	□ Remove
			■ Change
MGR	Isidro Cunningham Jr	3543 Woodlake Rd	= Add
		Hephzibah, GA 30815	□Remove
			Change
			Remove
			☐ Change
			□Add
			□Remove
			Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prio ock does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605,0207 till not be listed as
record specifies a delayed effectived is filed.	e date, but not an effective t	time, at 12:01 a,m. on	the earlier of: (b) The	90th day after the
April 20	2022			
- Line G	·	·		
	Signature of a member or auth	exclar		

Filing Fee: \$25.00