## L32000110608

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## **COVER LETTER**

· TO:

Tallahassee, FL 32314

	Registration Se Division of Co			
eup iez	inter	ONSULTING SERVICES. LLC	•	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JACOB C. DRUM		
		<del></del>	Name of Person	
		JACOB C. DRUM, CPA		
			Firm/Company	<del></del>
		192 LINWOOD ROAD		
		-	Address	
		STERRETT, AL 35147		
		<del></del>	City/State and Zip Code	·
		JAKE@JAKEDRUM.COM		
		E-mail address: (	to be used for future annual report:	notification)
For furth	er information o	concerning this matter, please co	all:	
JAKE D	RUM		205 586-3693 at ()	2
	Name o	of Person	Area Code Day	time Telephone Number
Enclosed	is a chack for t	he following amount:		
		-	CSS 00 Elling Exp &	☐ \$60.00 Filing Fee.
<b>= 3</b> 20.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address</u> Registration	
	Division of C		Division of (	
	P.O. Box 632		The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIATH CONSULTING SERVICES, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	<u></u>
The Articles of Organization for this Limited Liability Company  Florida document number 1.22000110608	were filed on 03/03/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LIATH INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16115 LYTHAM DR	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	ODESSA, FL 33556	
		Viv. 57
Enter new mailing address, if applicable:	16115 LYTHAM DR	
Mailing address MAY BE A POST OFFICE BOX)	16115 LYTHAM DR ODESS	SA, FL 33556
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new register
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street addre	iss
	, F	lorida
	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:

or removed from our records:		
MGR = Manager		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Note	ctive date, if other than the dat effective date is listed, the date must be se: If the date inserted in this block ament's effective date on the Depar	does not meet the appli	cable statutory filing	(optional) ore than 90 days after filing, g requirements, this date	) Pursuant to 605,0207 (3) will not be listed as the
If the rec record is	ord specifies a delayed effective data	te, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) Th	e 90th day after the
		2024			