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SECKLIARY OF STATE SIVISION OF CORPORATION

T. MATTHEWS MAY 25 2022

## **COVER LETTER**

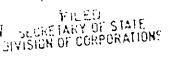
TO: Registration Sec Division of Corp			
SUBJECT: Chan'	9e of address Name of Lim	MCGranley Con ited Liability Company	<u>Sulting</u> LLC
	amendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Mercy	Gichagua Name of Person	
	McGranley	Consulting LLC Firm/Company	
	2200 NW	Corporate Blyd.	Suite 407 PMB 1119
	Boca Rat	On Florida 33 City/State and Zip Code	3431
		to be used for future annual report noti	
For further information co	ncerning this matter, please c	all:	
Mercy Gich Name of	a gua Person		17-7413 ne Telephone Number
Enclosed is a check for the	e 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 Address	<u>:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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



~	22 APR 18	bH 3: 0r
McGranley Consulting LLC		
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	our records.)	

The Articles of Organization for this Limited Liability Company were filed on 03-15-2022Florida document number L22000130564 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 "L.L.C." 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

## 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

O. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change of address.
The Street address of the Principal Office
of the Limited Liability Company is:
22 00 NIN COSPOSATE BLVd
Suite 407 PMB 1:119
Boca Raton, FL 33431
The mailing address of the Limited
Liability Company is:
2200 NW Corporate BLVd
Svite 407 PMB 1119
Boca Raton, FL 33431
E. Effective date, if other than the date of filing:
(If 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 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the 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 ecord is filed.
Dated 04-11-2022 . 8.30PM.
Signature of a member or authorized representative of a member
Mercy Gichagua  Typed or printed name of signee

E'''-- E--- 635.00