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ALLAHASSEE, FLORID

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S. PRATHER

COVER LETTER

IO: Registration So Division of Co			,	
SUBJECT: R	ley And Nin	ck Consulting	LLC	
		<i>y</i>		
The enclosed Articles of	Tricles of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: Riley Mix			
Please return all correspo	ondence concerning this matter t	to the following:		
	<u>Bile</u>	Y Mix Name of Person		
		St Secono	1 Avenue Apt	.329
	De Cay	Beach FL 32 City/State and Zip Code Riley mix 5@ q to be used for future annual report notice	33444 mail. com	
For further information of	concerning this matter, please ca	all:		
R.ley	Mix of Person	at (224) 465 Area Code Daytime	- 5066 e Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion _	

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

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

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	OF	₩ 2
Riley And N (Mame of the Limited)	Liability Company as it now appears on our reflorida Limited Liability Company)	SS PH
The Articles of Organization for this Limited Liabs Florida document number <u>L22000166</u>		07, 202 assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the losing Brothe. The new name must be distinguishable and contain the word	r. LLC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	· -	enter the name of the new registered
Name of New Registered Agent:	· ·	
New Registered Office Address:	Enter Florida street o	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>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		72.	□Remove
			□Change
			🗆 Add
		- , 	□ Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			🗆 Remove
			□ Change

	i, enter change(s) here: (Attach additiona		
			
			
Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or mor does not meet the applicable statutory filing rument of State's records.	requirements, this date will	not be listed as the
the record specifies a delayed effective depend is filed.	ate, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90	th day after the
Dated Monday June	6th, 2022	1/1-	ALLAHASSI JUN 10
Sí	gnature of a member or authorized representative o	f a member	
	276.	$M_{i_{\times}}$	E 25.
	Typed or printed name of signed		09 104