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## **COVER LETTER**

TO: Registration Se Division of Co		1,			
Apanage C	Consulting LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Fabrizio Lengua				
		Name of Person			
	ZenBusiness INC.				
	<del></del>	Firm/Company			
	336 E College Ave. Ste 30	)]	2027		
	-	Address			
	Tallahassee, FL 32301		2		
	fulfillment@zenbusiness.co	City/State and Zip Code	2022 JUN 21 PM 12: 43		
	E-mail address: (	to be used for future annual report notification)	_ 약 2: •		
For further information of	concerning this matter, please c	all:	الله الله الله الله الله الله الله الله		
Fabrizio Lengua		512 237-7349 at ()			
Name (	of Person	Area Code Daytime Telephone Nu	mber		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)		
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration Section Division of Corporations			
P.O. Box 63.	27	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Apanage Consulting LLC				_	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	n our recorus.)			
The Articles of Organization for this Limited Liability Comp Florida document number 1.22(00)194360	pany were filed on 04/25/	/2022	and a	assigned	l
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:	:			
Apanage Consulting LLC					
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desig	gnation "LLC" or the ab	breviation	"L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>				
			;	26	
			<u> </u>	22,	
Enter new mailing address, if applicable:					Ĭ į
Muiling address MAY BE A POST OFFICE BOX)	<u> </u>			<u> </u>	Telegraphic Control
Muning address MAT BE A TOST OF TICE BOAT			<u>60°</u>	<del>"</del>	
	<del> </del>				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our reco	ords, <u>enter the nam</u>	11		istere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	street address			_
		, Florida			
<del></del>	City		Zip Coc	le	
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>				

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Signature of a member or authorized representative of a member							

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Filing Fee: \$25.00