## L22000213224

(Requ	uestor's Name)	
(Addn	ress)	
(Addr	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

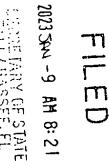
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	sulting, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>.</del>
(C)	•	and one of the co	
			•
Please return all correspo	ondence concerning this matter	to the following:	
	Liana Shkurman		
		Name of Person	
	SoCal Consulting, LLC		
	SoCal Consulting, LLC  Firm/Company  1402 North Ocean Breeze  Address  Lake Worth Beach FL 33460  City/State and Zip Code info@peoplemvr.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:		
•	1402 North Ocean Breeze		
	Liana Shkurman  Name of Person  SoCal Consulting, LLC  Firm/Company  1402 North Ocean Breeze  Address  Lake Worth Beach FL 33460  City/State and Zip Code info@peoplemvr.com  E-mail address: (to be used for future annual report notification)  atformation concerning this matter, please call:  man  Name of Person  at (1)  Name of Person  Daytime Telephone Number		
	Lake Worth Beach FL 334	60	
		City/State and Zip Code	<del></del>
	* · · · ·		
	E-mail address: (	to be used for future annual report notific	ration)
For further information e	oncerning this matter, please ca	all:	
Liana Shkurman			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	<b>■</b> \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations Hahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SoCal Consulting, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000213224}{L22000213224}$ .	were filed on May 05, 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:	
People MVR, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviations L.L.C."
Enter new principal offices address, if applicable:	1402 North Ocean Breeze	超光 <b>n</b>
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth Beach, FL 33460	2 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1402 North Ocean Breeze Lake Worth Beach, FL 33460	AN B: 21
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the i	name of the new register
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	1
	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
		<u>,</u>	☐ Change
			□Add
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fective date, if other than the date of filing:    Optional				•		
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Signature of a member or authorized representative of a member	LUMW XI.	bum an	·			
		Signature of a member of	or authorized represen	tative of a member		-

Filing Fee: \$25.00