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(Re	equestor's Name)	<u></u>
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	+ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer: J. HORNE OCT 20 2022	
		9/13

Office Use Only



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FII ED

2022 SEP 13 PH 12: 23



August 29, 2022

SUSAN E. MCILNAY 10044 LINDEN PLACE DRIVE SEMINOLE, FL 33776 US

SUBJECT: FDA REGULATORY COMPLIANCE CONSULTANT SERVICES LLC

Ref. Number: L22000222223

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 122A00019238

09/10/22

SEP 13 2022

Please See Corrections attached. Smylagy

www.sunbiz.org

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

, TO:

SUBJECT: FP	A Regulatory	Compliance Con	súltant.s	ervices
	Name of Lim	ited Liability Company		LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		-1 (
	_	MCILNAY	*	Please note-
	Susan	MCILNAY E. Mcilnay Name of Person		I wrote my name in capitals
		Name of Person		my name
				in capitals
		Firm/Company		to ensure
		1: (1	* .	no confusion about
	10044	Linden Place	Drive	about
				spelling-
	Semin	role FL 337 City/State and Zip Code Inay 39 (a) gm	176	Articles
		City/State and Zip Code	-/	were
	Susannci	INAY 39(a) 9m. to be used for future annual report notifi	a.il.com	entered,
		,	jeation)	with all
For further information	n concerning this matter, please ca	all:		Capitals.
Susau	1 Nicilnay	at (<u>717</u>) <u>668 –</u> Area Code Daytime	-0446	•
Name	ne of Person	Area Code Daytime	Telephone Number	_
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing F	ee.
/	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	Status &
		(additional copy is enclosed)	(additional copy is	
Mailing Adde Registration		<u>Street Address:</u> Registration Sec	etion	
-	Corporations	Division of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Compliance Consultant Services LLC (Name of the Lindited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con Florida document number <u>L 22000 22222</u>	npany were filed on $\underline{-}/2$	May 11, 20%	$\frac{22}{}$ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited MCILNAY Q4C COMS The new name must be distinguishable and contain the words "Limited"	(1)		1 1	
Enter new principal offices address, if applicable:			- 7.0	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	······································	122 S	
			HANNESSEE	
Enter new mailing address, if applicable:			<u> </u>	1 1
(Mailing address MAY BE A POST OFFICE BOX)			12: 23	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our re	ecords, <u>enter the na</u>	me of the new	registered
Name of New Registered Agent:		<u>.</u> .		
New Registered Office Address:	Enter Flor	ida strect address		
		, Florida _		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	\gent:			

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
AMBR	Susan E. Mcilnay	10044 Linden Place Dr.	XAdd
	MCILNAY	10044 Linden Place Dr. Seminole, FL 33776	□Remove
			⊡Change
			□Add
			□Remove
			□ Change
			□Add
			LIRemove
			□Change
			□Remove
		-	□ Change
			□Add
			□Remove
			□ Change
			⊡∧dd
			Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA
_	
_	
_	
_	
_	
_	
	
Effectiv	date, if other than the date of filing: (optional)
If an effec	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	's effective date on the Department of State's records.
ne record ord is tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
Dated _	09/10 , 2022
· · · · · · · · · · · · · · · · · · ·	