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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RVANCE CONSULTING LLC

PATION OF COSPORIDAS DIVISION OF STATES

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MAY 01 2024 K. Brumbley To:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RVANCE CONSULTING LLC	
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	)
The Articles of Organization for this Limited Liability Company were filed on 06/10/2022  Florida document number L22000265632	and assigned
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, registered agent and/or the new registered office address here:	
	2024 (.)
Name of New Registered Agent:	<del></del> .
New Registered Office Address:	30 37
EnterFloridastreetaddress	
, Flor	ida
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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: D43D6D66-169C-4F7A-83A2-8E4C488C7D11
H amending Authorized rerson(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	BOTTOM RD TRUST	11788 Knightsbridge Pl	
		Wellington, FL 33449	□ Remove
			☐ Change
MGR	Roger Lee Vance	11788 Knightsbridge Pl	<b>B</b> Add
		Wellington, FL 33449	□ Remove
			☐ Change
AMBR	Roger Lee Vance	11788 Knightsbridge Pl	
		Wellington, FL 33449	🖺 Remove
			Change
		<del></del>	☐ Remove
			Change
			Add
		<del> </del>	□ Remove
			☐ Change
			☐ Remove
			Change

To:

Signature of a member or authorized representative of a member

Roger Lee Vance
Typed or printed name of signee