## L22000295877

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## COVER LETTER \*

Division of Corpo	rations		
subject: <u>Trade</u>	Lifecycle (	Consulting LL	<u>C</u>
The enclosed Articles of At	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
		+ Yingling Name of Person  Vingling LLC France Company	
	92513 Peach	stree St NE 19	
	Atlanta, G jarret vin E-mail address: (1	A 30309  City/State and Zip Code  Gling@gmail. cod  obe used idr future annual report notific	cation)
For further information con	cerning this matter, please ca	ill:	
Jacret Yingl Name of F	199 Person	at ( <u>770</u> ) <u>331-6</u> Area Code Daytime	.278 Telephone Number
Enclosed is a check for the	following amount:		
S25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addraes		Street Address:	

Registration Section

TO:

Mailing Address: 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 OF

			5	
Toda / Carrola	Case Hina	110	4-150 y	7
Trade Lifecycle (Name of the Limited Liability Cor	npany as it now appears of ed Liability Company)	our records.)	 	Ż
(A Florida Lumit	ed Liability Company)		125	, ,
The Articles of Organization for this Limited Liability Compa	nny were filed on <u>Jun</u>	<u>e 30,2022</u>	_ and ossiC	Ø./3
Torida document number <u>L 22000 29 5 877</u>			and is SiC	ا برام دندر
his amendment is submitted to amend the following:			(	
A. If amending name, enter the new name of the limited l	iability company here:			Ŷ.
he new name must be distinguishable and contain the words "Limited L	iability Company," the design	nation "LLC" or the abbro	eviation "L.L.C "	_
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>			_
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				_
3. If amending the registered agent and/or registered off	ice address on our reco	rds, <u>enter the name</u>	of the new regis	tered
B. If amending the registered agent and/or registered off igent and/or the new registered office address here:	ice address on our reco	rds, <u>enter the name</u>	of the new regis	<u>stered</u>
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	rds, <u>enter the name</u>	of the new regis	stered
B. If amending the registered agent and/or registered off ngent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our reco	rds, <u>enter the name</u>	of the new regis	stered
Name of New Registered Agent:	ice address on our reco	rds, <u>enter the name</u>	of the new regis	ter <u>ed</u>
ngent and/or the new registered office address here:	ice address on our recoi		of the new regis	etered
Name of New Registered Agent:		street address	of the new regis	tered
Name of New Registered Agent:			of the new regis	etered
New Registered Office Address:	Enter Florida . City	street address		itered
New Registered Agent's Signature, if changing Registered Agent	Enter Florida . City ent:	street address , Florida	Zip Code	<u> </u>
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent Agent Agent and I hereby accept the appointment as registered agent and	Enter Florida . City ent: agree to act in this cap	street address Florida vacity. I further agre	Zip Code ec to comply wit	 
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent	Enter Florida .  City  ent:  agree to act in this cap lete performance of my as provided for in Cha	street address Florida acity. I further agreet duties, and I am facity for 605, F.S. Or, ij	Zip Code w to comply wit muliar with and this document	h the
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent Agent Agent and I hereby accept the appointment as registered agent and	Enter Florida .  City  ent:  agree to act in this cap lete performance of my as provided for in Cha	street address Florida acity. I further agreet duties, and I am facity for 605, F.S. Or, ij	Zip Code w to comply wit muliar with and this document	h the

If Changing Registered Agent, Signature of New Registered Agent

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	Jacret Yingling LLC	925B Peachtree St NE 19 Atlanta, GA 30309	<b>5</b> <b>X</b> Add
			□Remove
			©Change
			CAdd
			©Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[]Change
			□Remove
			□Change
			□Remove
			□ Change

	LLC is still manager managed
(	Chase bank is requesting that Sunbiz reflect with the existing authorized person
	MGR - Jarret Yingling
	MGR - Jarret Yingling manager
	and also the singular owning member which is an LLC
r 	
	AMBR - Jarret Yingling, LLC
an effect <u>ote:</u> If	e date, if other than the date of filing:
record : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the L
stard	July 13 2022
aica _	Signative of a member or authorized Adresen dive of a member

Filing Fee: \$25.00