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08/27/24

COVER LETTER

TO:	Registration Se Division of Cor			
e110-11	2.234P.		SERVICES LLC	
SOBJE	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		RAQUEL B MOWRER		
			Name of Person	
		ON TARGET BUSINESS	SOLUTIONS LLC	
	Firm/Company			
7021 GRAND NATIONAL DR STE 100				
	Address			
ORLANDO, FL 32819				
			City/State and Zip Code	
		OFFICE@RMONTARGET	CCOM to be used for future annual report not	ification)
East for	than information a	oncerning this matter, please c		- - ·
		oncerning this matter, prease c		
RAQU	EL B MOWRER		407 745-1706 at ()	· · ·
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2	5.00 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)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AS TOTAL SE		
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	i <mark>ny as it now appears on our re</mark> Liability Company)	cords.)
The Articles of Organization for this Limited Liab lorida document number $\frac{L22000323343}{L}$	oility Compa n y	were filed on <u>07/21/2022</u>	and assigned
his amendment is submitted to amend the follow	ing:		
If amending name, enter the new name of the	he limited liab	ility company here:	
LIANE SEPTER CONSULTING GROUP LLC			
he new name must be distinguishable and contain the work	ds "Limited Liabi	lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2295 S Hiawassee Rd #10	,
Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32835	
Enter new mailing address, if applicable:		2295 S Hiawassee Rd #10	4
Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32835	
			<u> </u>
. If amending the registered agent and/or reg gent and/or the new registered office address l Name of New Registered Agent:			nter the name of the new regi
	2295 S Hiawass	con D.d. #104	
New Registered Office Address:	ZEFO D HIGWOS	Enter Florida street ad	ldress
	Orlando		, Florida ³²⁸³⁵
		City	, FloridaZip 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

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
		-	□ Change
			□Add
			□Remove
			Change
			□Add
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<u>te:</u> If the d	e, if other than the date tte is listed, the date must be sp ate inserted in this block d fective date on the Departi	oes not meet the app	licable statutory fili	(option of the contract of the	onal) filing.) Pursuant to 605.020 date will not be listed as
cord specif s filed.	ies a delayed effective date	e, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	May 20th		1 .		
ed					
ed		Stiane	Septer		
ed		Muine sture of a member or au	Septer thorized representative	e of a member	