# L22000357565

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# **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: \\\ \(\frac{\left\{\epsilon\} \colon \colon \)	1MYEST MENT	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sherley Byl Vesia inve	Name of Person  2 St ments Lili C  Firm/Company	
		13th 5th	
		City/State and Zip Code  Ou ahoo. Com to be used for future annual report notice	
For further information cor	ncerning this matter, please ca	all:	
Sherley	Sylien Person	at ( <u>561</u> ) <u>209</u> Area Code Daytim	1265 e Telephone Number
Enclosed is a check for the	following amount:		
© \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address		Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

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

FILED

Vesta ments LL.  (Name of the Limited Liability Comp. (A Florida Limited	C	2024 SEP -3 PH 4: 23
( <u>Name of the Limited Liability Comp</u> (A Florida Limitec	pany as it now appears on I Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number $22000357565$	y were filed on Z	15 - 20 LAHASSEE, FLORIDA and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Vesia Consulting LLC The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<del> </del>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new registerc</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	Z 10:	FloridaZip Code
	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

Title	<u>Name</u>	Address	Type of Action
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			□Change
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