L22000358649

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4/26/23 VIN

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COVER LETTER

TO: Registration Se Division of Cor			
	Charlotte NC LLC	*	
SUBJECT:	Name of Lim	ited Liability Company	· -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Liad Biton		
		Name of Person	
		Firm/Company	·
	9300 S Dadeland Blvd		
		Address	
	Miami, FL 33156		
		City/State and Zip Code	
	Liadooshbiton@gmail.com	to be used for future annual repor	et motification)
For further information of	concerning this matter, please co		Thomason,
Liad Biton		347 733-12	04
Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Addre	
Registration Division of C		Registratio Division of	n Section Corporations
P O Box 633	•		of Tallahassee

P.O. Box 6327

, , , ,

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Locksmith Charlotte NC LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 08/15/2022	and assigned
Florida document number 1.22000358649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
LiadB Consulting LLC		
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 ADDRES	<u> </u>	- 2023
		<u> </u>
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	City	Zip Code

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
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			☐ Change
			□Remove
			□Add
			Remove
			□ Add
			□Remove
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umen	it's effective date or	n the Department of	State's record	5.	٠,			
cora : s filec	specifies a delayed (!.	effective date, but no	t an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	e 90th day after t	ihe
ed	ebruary 23 —————————		,					
	Į	11-2/						
		Signature of a	member or aut	horized represen	tative of a membe	<u> </u>		
	Liad Biton			-				
	CIGO DITOR			ited name of sign				

Filing Fee: \$25.00