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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Se Division of Cor					
ARL CONS	SULTING, LLC				
SUBJECT:	Name of Limi	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:			
	ARLEAN LEE	•			
		Name of Person			
	ARL CONSULTING, LLC				
		Firm/Company			
	2625 SW 133RD AVE				
		Address			
	MIRAMAR, FL, 33027				
	City/State and Zip Code				
	arleanrl@gmail.com	to be used for future annual report notific	nitton)		
Cor finehar information o		•	ations		
	concerning this matter, please c				
ARLEAN LEE		954 494-8938 at ()			
Name o	of Person	Area Code Daytime	l'elephone 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 exclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration		Street Address: Registration Sect	ion		
Division of (Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nnany as if now annance on	nun racords 1
ed Liability Company)	mir records.)
any were filed on August,	19, 2022 and assigned
iability company here:	
iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
<u> </u>	
	ds, enter the name of the new registe
Enter Florida s	treet address
171	
City	, Florida Zip Code
ent:	
	acity. I further agree to comply with
	iability company here: iability Company," the design City City ent:

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>Titte</u>	Name	Address	Type of Action
			□Add
			□Remove
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	chang any outer morning of the control	nge(s) here: (Attach additional sheets, if necessary.)
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Note:	etive date, if other than the date of filing: offective date is listed, the date must be specific and cate if the date inserted in this block does not med ment's effective date on the Department of State	(optional) muot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 et the applicable statutory filing requirements, this date will not be listed as
goçun	ment serietive date on the Department of Stat	ic 3 records.
he record ord is fi		n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	SEPTEMBER, 2	2022
Dateu	1	•
	Signature of a me	imber or authorized representative of a member

Filing Fee: \$25.00